

DEPARTMENTAL PROMOTIONAL CERTIFICATION

Requisition Number:	Date:
Appointing Authority:	Department:
Address:	
Municipality:	Number of vacancy:

Selection must be made within 2n+1:

NAME OF ELIGIBLE CANDIDATES

	Failed to sign	Willing to accept appt	Declined appt	Bypassed	Selected for hire
Signature of applicant:				Date:	

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Signature of applicant:				Date:	

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Signature of applicant: _____ Date: _____

Signature of Appointing Authority: _____

Name: _____

Title: _____