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:	

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

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

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

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

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

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

Requisition Number:	Date:

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

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

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

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

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

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

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

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

Signature of Appointing Authority:_____

Name:_____

Title:_____