



CLASSIFIED POSITION CANDIDATE RECOMMENDATION

(Please Type)

JOB TITLE AND BUDGET #

DEPARTMENT/OFFICE

PERSON REPLACED

CANDIDATE RECOMMENDED

Desired effective date:

List any instructions that need to be given to the candidate: (when and where to report, work schedule, what to wear, etc.)

Employee's Office Address:

Employee's Office Phone:

(Building and Room #)

Immediate Supervisor's Name:

Supervisor's Title:

Explain why this applicant is the best choice and why each of the internal applicants (if any) is not recommended:
(If preferred, a separate sheet may be used.)

To be completed by hiring department:

Profile of Candidates Interviewed:

| N= | | WHITE | BLACK | OTHER MINOR | H-CAP | VET |
|----|--------|-------|-------|-------------|-------|-----|
| | Male | | | | | |
| | Female | | | | | |

Profile of Candidate Recommended:

| SEX | RACE | HANDICAP | VETERAN |
|-----|------|----------|---------|
| | | | |
| | | | |

Copy to OEEEO

SIGNATURE

DATE