DEPARTMENT OF ADMINISTRATIVE SERVICES

ADM-4267 (7-00)

CERTIFICATION ELIGIBLE LIST

PHONE (614) 466-4194
FAX (614) 728-7096

AGENCY	DATE OF REQUEST	CERTIFICATION NO
AGENCY NUMBER	DATE REQUEST FILLED	INTERVIEWER
APPOINTING AUTHORITY	COUNTY	NO OF POSITIONS
CLASS NO AND TITLE	PARENTHETICAL TITLE	HR CERTIFICATION ANALYST

TYPE
FULL-TIME PERMANENT PART-TIME SEASONAL

COMMENTS

Signature, Director of Administrative Services

NOTE: If action cannot be reported by the date below, a request for follow-up must be submitted in writing on or before the date shown.

REPORT ON ACTION DUE BY:

NAME, ADDRESS, PHONE	EXAM SCORE	How Notified	DATE NOTIFIED	Check appropriate box							REMARKS
				Selected	Available Not Selected	Waived this PCN(s)	Waived this Class #	Declined Job Offer	No Reply	No Show	

NOTE Copy of signed waivers must be kept on file by the agency.

☐ FOLLOW-UP REQUESTED

DISTRIBUTION
COPY A - Return to Administrative Services / **COPY B** - Retain by Agency / **COPY C** - Retain by Administrative Services

COPY A