

REQUISITION FOR CERTIFICATE OF ELIGIBLES

STATE OF MAINE

BUREAU OF HUMAN RESOURCES

POSITION INFORMATION

<u>DEPARTMENT/AGENCY NUMBER</u>		<u>BUDGET POSITION NUMBER (10 DIGITS)</u>		<u>UNIT DIVISION</u>	
<u>DEPARTMENT/AGENCY</u>		<u>BUREAU/DIVISION</u>		<u>STATION NUMBER</u>	
<u>CLASS CODE</u>	<u>CLASS TITLE (AND OPTION)</u>			<u>RANGE</u>	<u>WORK LOCATION</u>
<u>POSITION TYPE</u> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> PROJECT <input type="checkbox"/> SEASONAL <input type="checkbox"/> ACTING CAPACITY					
<u>FUND CODE</u>			<u>CONTACT PERSON</u>		<u>PHONE NUMBER</u>
<u>DATE VACATED (IF APPLICABLE)</u>				<u>NAME OF LAST INCUMBENT</u>	

CERTIFICATION / RECRUITMENT INSTRUCTIONS

<u>TYPE REQUESTED:</u> <input type="checkbox"/> Standard <input type="checkbox"/> Agency Promotional <input type="checkbox"/> Statewide Promotional <input type="checkbox"/> Agency/Statewide <input type="checkbox"/> Open Competitive* <input type="checkbox"/> Transfers Only <input type="checkbox"/> Demotions Only <input type="checkbox"/> Reemployment* <input type="checkbox"/> Acting Capacity <input type="checkbox"/> Direct Hire	<u>ADDITIONAL INSTRUCTIONS:</u> <input type="checkbox"/> Selective* <input type="checkbox"/> Include Transfers <input type="checkbox"/> Include Demotions <input type="checkbox"/> Extended <input type="checkbox"/> Specific Transfer name(s): <input type="checkbox"/> Specific Demotion name(s):	<u>OPEN FOR RECRUITMENT*:</u> <input type="checkbox"/> AP <input type="checkbox"/> SWP <input type="checkbox"/> OCP
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**Justification Required*

SPECIAL CONSIDERATIONS/INSTRUCTIONS/REASON FOR OPENING REGISTER:

In requesting to fill this position, I have reviewed the Statewide Layoff List for Unclassified and Non-Competitive Appointments.

<u>SIGNATURE OF APPOINTING AUTHORITY OR REPRESENTATIVE</u>	<u>TITLE</u>	<u>DATE</u>

BUREAU OF HUMAN RESOURCES

Authorized to Fill Vacancy: _____

Certification Number _____

Date: