

# CONTRA COSTA COUNTY PERSONNEL REQUEST

Department <b>Hlth Svcs/Hosp/Mtz</b>	Location <b>Clerk-Senior Level</b>	Classification <b>JWXC</b>	Class Code <b>Day</b>	Shift <b>1</b>	No. to be Empl. <b>1</b>	No. _____ 2010 DEC 15 PM 4:35 CONTRA COSTA COUNTY HUMAN RESOURCES DEPT.
Permanent Position Nos. <b>7063</b>		<input type="checkbox"/> New Position <input type="checkbox"/> Promotion <input type="checkbox"/> Reassignment <input checked="" type="checkbox"/> <del>OK to back-</del> <input type="checkbox"/> Separation <input type="checkbox"/> Leave of Absence Fill position				
COPERS Agency No. <b>A-18</b>		Date Vacated _____ By <b>Villar-Gibson, Fe C.</b>				
Finance System Budget Unit No. <b>0540</b> Org. No. <b>6522</b>						
<input type="checkbox"/> Temporary Help Necessary Because _____ <input type="checkbox"/> Flexible Staffing Classification <input type="checkbox"/> Action Required _____						<input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Perm Full Time <input type="checkbox"/> Perm Part Time <input type="checkbox"/> Perm Intermittent
Employment Duration: From _____ To _____ Employment Type:						
<input type="checkbox"/> Request Eligibles to Contact us for Appointment.						
Call _____ Phone _____						Signature of Appointing Authority <b>Shelley Pighin/HSD Personnel Officer</b> Date <b>12/15/2010</b>

Special Certification Requested: (Type) <b>Filled via Vocational Rehabilitation Agreement-See Attached</b> <b>SUSPENSION OF COMPETITION AND DIRECT APPOINTMENT APPROVED BY THE DIRECTOR OF PERSONNEL</b> <b>Section 502 of PMR's for VOCATIOONAL REHAB OF Debra D'Angelica.</b>		
Approved for Director of Human Resources By: _____		
<b>CERTIFICATION: Do not write in this section - Human Resources Department use only.</b> Name, Address and Phone Number _____ Type List _____ Remarks _____		
<input type="checkbox"/> Classified <input type="checkbox"/> Exempt	<input type="checkbox"/> Rule of 1 <input type="checkbox"/> Rule of 3	<input type="checkbox"/> Rule of 5 <input type="checkbox"/> Rule of 10 <input type="checkbox"/> Rule of List <input type="checkbox"/> Incomplete Certification <input type="checkbox"/> No Eligibles to Refer <input type="checkbox"/> See Attached Printout
The above persons are certified eligible for appointment and have been so notified. It is advisable to interview all eligibles. Date _____ Approved for Human Resources Department _____ <input type="checkbox"/> Authority to Nominate for Provisional Appointment <input type="checkbox"/> Authority to Make Temporary Appointment Because insufficient eligibles are immediately available or no employment list exists for the class described in your request, authority is given to nominate/select any individual meeting the requirements for the class as stated on the specifications. A completed application must be submitted for review and determination as to whether the individual meets the minimum qualifications prior to commitments for employment.		
Date _____ Approved for Human Resources Department _____		

<b>APPOINTMENT</b> From the above certified eligibles, the following person or persons are being appointed:									
Social Security No.	Emp. No.	Name	Pos. No.	Pay Series	Pay Level	Pay Step	Pay Rate	Date Effective	Type Appointment
1. [REDACTED]	60658	[REDACTED]	7063	3RX	1033	7	3784.81	12/09/2010	PFT
2.									
3.									
4.									
5.									
Direct Appointment Alternative Work Plan Agreement									
Date <b>12/15/2010</b> Signature of Appointing Authority <b>Shelley Pighin/HSD Personnel Officer</b> Title _____									
<b>CONFIRMATION</b> COPERS Referral Appt. _____ COPERS Pos/E.H. Appt. _____ Approved for Human Resources Department _____ Date _____									