

CONTRA COSTA COUNTY PERSONNEL REQUEST

CONTRA COSTA COUNTY
HUMAN RESOURCES DEPT.

Department Hlth Svcs/Hosp/Mrtz	Location Storeroom Clerk	Classification 91WC	Class Code Days	Shift 1	No. to be Empl. 1	2011 JAN -4 AM 11:15
Permanent Position Nos. 14261		<input type="checkbox"/> New Position <input type="checkbox"/> Promotion <input type="checkbox"/> Reassignment <input type="checkbox"/> Separation <input type="checkbox"/> Leave of Absence				
COPERS Agency No. A-18		Date Vacated _____ By _____				
Finance System Budget Unit No. 0540 Org. No. 6551						
<input type="checkbox"/> Temporary Help Necessary Because _____ <input type="checkbox"/> Flexible Staffing Classification <input type="checkbox"/> Action Required _____						
Employment Duration: From _____ To _____		Employment Type:		<input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Perm Full Time <input type="checkbox"/> Perm Part Time <input type="checkbox"/> Perm Intermittent		
<input type="checkbox"/> Request Eligibles to Contact us for Appointment. Call _____ Phone _____		<i>dc for dc</i> Shelley Pighin, HSD Personnel Officer Signature of Appointing Authority		12/29/10 Date		

Special Certification Requested: (Type) **Filled via Vocational Rehabilitation Agreement - See attached....**
Suspension of Competition and Direct Appointment, approved by the Director of Personnel, Section 502 of PMR's for Vocational Rehab of [REDACTED]

Approved for Director of Human Resources By: _____

CERTIFICATION: Do not write in this section - Human Resources Department use only.

Name, Address and Phone Number	Type List	Remarks

☐ Classified ☐ Rule of 1 ☐ Rule of 5 ☐ Rule of List ☐ Incomplete Certification
☐ Exempt ☐ Rule of 3 ☐ Rule of 10 ☐ No Eligibles to Refer
☐ 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 _____

☐ Authority to Nominate for Provisional Appointment ☐ 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 _____

APPOINTMENT 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
[REDACTED]	61920	[REDACTED]	14261	QS5	0916	5	\$3216.70	12/27/10	PFT
2.									
3. (REHAB AGREEMENT) ATA Schedule II									
4.									
5.									
Date 12/29/10 Signature of Appointing Authority <i>dc for dc</i> Shelley Pighin, HSD Personnel Officer Title _____									

CONFIRMATION

COPERS Referral Appt.	COPERS Pos/E.H. Appt.	Approved for Human Resources Department	Date