REQUEST FOR CERTIFICATION OF ELIGIBLES
(For Appointing Authority Use Only)

REQUESTING AGENCY: _____

_____

_____

1. Please forward a certification of eligibles for: _____
   (Title of Position)

   ☐ Residents Only ☐ Entire List

   Please certify/precanvass to include: _____

2. The number of vacancies to be filled from this certification is/are:

   _____Permanent, _____Contingent Permanent, _____Temporary (Maximum Duration)

3. This position is for:

   ☐ Days ☐ Nights ☐ Rotating Shifts ☐ Steady Shifts ☐ Library (may include some day, night & weekend hours).

4. This position is for _____ months per year, at a salary of _____ per year.
   (A SPECIFIC ANNUAL SALARY *MUST* BE STATED. SALARY RANGE OR HOURLY SALARY IS *NOT* ACCEPTABLE).

5. This position is located at: _____

6. This certification will be used to fill:

   A. New Position Duties Statement # _____ or Position Control # _____

   B. This position formerly held by fdgdfg _____

   who has ☐ resigned, ☐ been promoted, ☐ been granted leave for _____ months.

INSTRUCTIONS FOR USE OF THIS FORM

1. Use this form for requesting the certification of names from an eligible list for the purpose of making permanent, contingent permanent, or temporary appointments to positions in the competitive class.
2. Submit this form in DUPLICATE to:

   Suffolk County Department of Civil Service
   PO Box 6100
   725 Veterans Memorial Highway, North County Complex, Bldg 158
   Hauppauge, NY 11788-0099

3. Use a separate set of forms for each TITLE for which a certification is requested.
4. Use a separate set of forms for positions which vary in salary, location or shifts.
5. A duties statement must be submitted on all NEW positions, whether or not a position of similar duties and responsibilities already exists in your jurisdiction. Duties statements may be made up for a single position or a group of positions having like duties and responsibilities. If you prepare a duties statement for a group of positions, you must indicate the number of positions on the form. Duties statement forms will be sent upon request.

dfgdfsgdsfg

SIGNATURE DATE

sddfgdgfdg

TITLE

DO NOT WRITE BELOW THIS LINE

( ) Transaction Approval
( ) There is no eligible list available for the position of _____.
You may submit a nomination for provisional(s) for review by the Civil Service Department pending the establishment of an eligible list for the position.
( ) You currently have a certification of eligibles dated _____. You must return this certification showing what action has been taken before a new certification will be sent to you.