**REQUEST FOR 89-DAY NON-CIVIL SERVICE APPOINTMENT APPROVAL**

***(To be used after the 2nd non-civil service appointment)***

1. DEPARTMENT OF Select a Department.

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1. CANDIDATE INFORMATION
2. NAME: Click here to enter name (Last, First, Middle Initial.)
3. Within the last six months, was the prospective employee employed in your department in a non-civil service

 appointment? Yes or No.

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1. POSITION INFORMATION
2. JOB TITLE: Click to enter job title. POSITION NUMBER: Click to enter position number.

SALARY RANGE: Click to enter salary range. BARGAINING UNIT: Click to enter bargaining unit. LOCATION: Click to enter location. TYPE OF POSITION: Select Permanent or Temporary.

1. Does the position require any statutory or regulatory license/certification/registration to practice in the occupation? Yes or No.

If yes, does the prospective employee possess the necessary license, certificate or registration? Yes or No.

1. Is this position 100% general funded? Yes or No.

If yes, please cite the reason for an exemption from Act 246. Select a Reason.

**Note:** *A Requisition for Certificate of Eligibles must be submitted when an appointment of longer than 89 calendar days, or 37 weeks at less than 20 hours per week, is planned.*

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1. APPOINTMENT INFORMATION

EFFECTIVE DATE OF THIS APPOINTMENT: Click here to select appointment date.

APPOINTMENT NO. FOR THIS POSITION: Click here to enter appointment number.

APPOINTMENT NO. FOR THIS CANDIDATE: Click here to enter appointment number for this candidate.

REASON FOR ANOTHER APPOINTMENT INCLUDING ACTION BEING TAKEN TO FILL THE POSITION ON A MORE PERMANENT BASIS. Click here to enter reasons for another appointment.

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1. EMPLOYING AGENCY

I hereby certify that the above named employee will perform the duties and responsibilities characteristic of the position for the class for which the employee is being appointed.

 Signature of Employing Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Select today’s date.

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1. HRD APPROVAL / DISAPPROVAL

Your request for approval of the above action is: [ ]  Approved [ ]  Disapproved

Signature of HRD Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_