

State of Michigan
Civil Service Commission
OFFICE OF CLASSIFICATIONS, SELECTIONS, AND COMPENSATION
400 South Pine Street, PO Box 30002, Lansing, MI 48909

REQUEST FOR APPLICANT POOL EXTENSION

INSTRUCTIONS

Complete all items and submit to your liaison in the Office of Classifications, Selections, and Compensation (Office). The Office must receive this form prior to the expiration date of the current applicant pool report. **Attach a copy of the front page of the applicant pool report (showing Job Submission Parameters).**

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|---|-------------------------|--|--|
| AGENCY | | AGENCY (PROCESS LEVEL) NO. | |
| CONTACT PERSON | CONTACT'S TELEPHONE NO. | DATE | |
| CLASSIFICATION FOR THE CURRENT APPLICANT POOL | | CERTIFICATION CODE | |
| APPLICANT POOL REPORT NUMBER | | APPLICANT POOL REPORT DATE | |
| WERE ANY CANDIDATES CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE OF CONTACT | | IS THIS THE FIRST EXTENSION REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DATE(S) OF THE PRIOR REQUESTS 1. 2. | |

REASON FOR EXTENSION

FOR CIVIL SERVICE USE ONLY

CIVIL SERVICE ACTION

REQUEST APPROVED, APPLICANT POOL EXTENDED TO _____.

REQUEST DENIED BECAUSE IT WAS SUBMITTED AFTER THE APPLICANT POOL'S EXPIRATION DATE.

REQUEST DENIED AND A NEW APPLICANT POOL MUST BE REQUESTED. THE REASON FOR DENIAL IS AS FOLLOWS:

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|-------------------------|------|
| CIVIL SERVICE SIGNATURE | DATE |
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