

AGENCY CANDIDATE CREDENTIAL REVIEW CERTIFICATIONS

Please submit this form to your liaison in the Office of Classification, Selection, and Compensation. In accordance with Standard 4-D3 of Civil Service Regulation 3.04, *Selection of Employees for Position Vacancies*, the individuals listed below have completed the required training and will review the applicant credentials in accordance with the current official Job Specification.

Agency (Process Level)	Contact Person	Telephone Number
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1. Name	HRMN ID#	Classification
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I certify that I have completed the approved credential review training and will only review the applicant credentials with Michigan state classified experience. I will not evaluate the applicant credentials with (1) experience gained outside the classified service, (2) degree majors not specifically listed on the Job Specification, (3) alternate education and/or experience listed on the Job Specification, (4) equivalent combinations of education and/or experience, or (5) working-out-of-class experience.

Signature _____
Date

2. Name	HRMN ID#	Classification
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I certify that I have completed the approved credential review training and will only review the applicant credentials with Michigan state classified experience. I will not evaluate the applicant credentials with (1) experience gained outside the classified service, (2) degree majors not specifically listed on the Job Specification, (3) alternate education and/or experience listed on the Job Specification, (4) equivalent combinations of education and/or experience, or (5) working-out-of-class experience.

Signature _____
Date

3. Name	HRMN ID#	Classification
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Signature _____
Date

4. Name	HRMN ID#	Classification
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Signature _____
Date

5. Name	HRMN ID#	Classification
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Signature _____
Date

6. Name	HRMN ID#	Classification
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Signature _____
Date

Appointing Authority's Signature	Date
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Civil Service Approval	Date
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