

TEMPORARY EMPLOYEE QUALIFICATION REVIEW

TODAY'S DATE: _____

TO: CIVIL SERVICE OFFICE, RTC SECTION

FROM: _____ with _____
(dept/section)

TEMP EMPLOYEE NAME: _____

CLASSIFICATION TITLE (CODE): _____

Comments:

This Section to be Completed by RTC

REVIEWED BY: _____ DATE: _____

REVIEW FINDINGS

QUALIFIED: Copy of Qual Record (screen shot of ATIS screen) Attached

Application Only (has not applied for this class)

NOT QUALIFIED (Please Indicate Everything the Applicant is Currently Lacking or that is Out of Date)

Work Experience: _____

Education: _____

License(s)/Certif(s) (please specify): _____

Test Scores (please specify): Written Test: Test # _____
 Typing: Min Speed _____ Data Entry: Min Speed _____

Other (please specify): _____
