



Evaluation/Recommendation/Approval

Non-Competitive Appointment

Agency _____

Bargaining unit position?
 No Yes Which? _____

Classification _____

Posting and bidding procedures followed, if applicable? No Yes

Name of Nominee _____

M.S. 43A.15, Subd. 4 - Provisional

1. Requisition # _____
2. Appointing authority certifies unavailability or unsuitability of any candidates on list.
 No Yes
3. Examination for class open or scheduled to open within one month.
 No Yes
 Explain additional considerations: _____

4. Urgent reasons for filling vacancy given.
 No Yes Underline on memo.
5. Nominee meets requirements.
 No Explain. _____
 Yes Attach supporting documentation or explain. _____

M.S. 43A.15, Subd. 8 - Exceptional Qualification

1. Indication of scientific, professional or expert requirements of the position.
 No Yes
 Underline on memo and label A.
2. Indication of nominee's exceptional qualifications.
 No Yes
 Underline on memo and label B. Attach a resume and experience and training rating, if appropriate.
3. Indication of impracticability of competition.
 No Yes
 Underline on memo and label C.
4. Additional comments/considerations:

Recommendations

Team Professional

<u>Approval</u>	<u>Disapproval</u>	<u>Date</u>
_____	_____	_____

Decision

Account Supervisor

_____	_____	_____
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Approved for conversion to probationary status after 60 days of satisfactory performance: Yes No
 Team Professional's initials _____

Appointment can be effective on or after: Date: _____