

PART 6: Date Received by DCHR's Cluster Operations Administration (COP): _____

Date of Completion of COP Review: _____

Decision: Approved Disapproved

Return to agency: Yes No (If "Yes" See **Part 7** of Form _____)

PART 7: DOCUMENTATION BEING RETURNED

- | | |
|---|---|
| <input type="checkbox"/> Job Requisition/Announcement Number _____ | <input type="checkbox"/> General Suitability Screening Checklist (i.e. proof of degree, employment, references, and professional license) |
| <input type="checkbox"/> Approved Position Number: _____ | <input type="checkbox"/> Enhanced Suitability Notification (as applicable) |
| <input type="checkbox"/> Position Description (include Opt. 8) | <input type="checkbox"/> Proofs of Preference Documents (as applicable) |
| <input type="checkbox"/> Selection Certificate, e-Recruit Screening Results, Interview Scores, and Notes* | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Signed Employment Application (or Resume) | <input type="checkbox"/> Residency |
| <input type="checkbox"/> Required Forms** (i.e. DCSF No. 11B-10, AIA, Hiring Bonus) | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Copy of Proposed Offer Letter*** (draft form only) | <input type="checkbox"/> Travel and/or Relocation Expense Request (as applicable) |
| <input type="checkbox"/> Salary Verification (as applicable) | <input type="checkbox"/> DCSF 1249B, TAPER Clearance Form |
| <input type="checkbox"/> Justification Memo (as applicable) | <input type="checkbox"/> OCA Hiring Freeze Appeal Form |
| | <input type="checkbox"/> Budget approval or funding certificate (outside of required OCA approval) |

*Screening results obtained from e-Recruit in PeopleSoft
**Any enclosed required forms must be signed by the agency HR Authority
***No Offer of employment may be extended without prior approval/concurrence from DCHR.

PART 8: REASON(S) FOR THE RETURN OF THE ABOVE DOCUMENTATION

Name of DCHR Representative

Date