RECOMMENDATION PACKAGE CHECKLIST

Documents/Information required in the Recommendation Package:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Originating Organization/RWB: |       |  | Position Title: |       |
|  |  |  |  |  |
| Position #: |       |
|  |  |  |  |  |
|       | 1. A signed and dated State of Florida Application for applicants to be certified. |
|  |  |
|       | 2. Complete Reference Check and Employment Verification Form (DEO Form HRM-35). |
|  |  |
|       | 3. Education verification documents (if needed for minimum qualifications. |
|  |  |
|       | 4. A copy of other employment verifications not included in reference checks  |
|  |  (such as DD-214, letters from previous employers, typing test scores, etc.). |
|  |  |
|       | 5. A copy of the Job Requisition. \* |
|  |  |
|       | 6. A copy of documentation as proof of [Selective Service Registration](https://www.sss.gov/verify/) or |
|  |  exemption if the selected applicant is a covered person (Males born on or after 10/1/1962) |
|  |  |
|       | 7. Recommend monthly salary: |       |
|  |  Also, indicate how recommended salary was calculated (ex: minimum, % above current, etc.). |
|  |  |
|       | 8. Any other special requests such as requests for approval of equivalent  |
|  |  training and experience or approval of trainee or emergency status. |
|  |  |
|       | 9. Complete Selection Documentation/Form (DEO Form HRM-16). |
|  |  |
|       | 10. Level 2 Background Screening **Date** (if designated a Special Trust Position) |
|  |  |
|       | 11. [Florida Retirement System (FRS) – Certification Form](http://www.floridajobs.org/forms/personnel/cert.pdf) (Revised 08/2022) |
|  |  Have each prospective employee sign and date a form before your hiring process is completed and an offer of employment is made. |
|  |  |
|       | 12. Type appointment (check only one): |
|  |  |
|  |       | Original |       | Promotion |
|  |  |
|  |       | Reassignment |       | Demotion |
|  | If applicant is reassigning, promoting or demoting from another state agency, |
|  | please indicate which agency: |       |
|  |  |
|  | \* These documents are not required if position was not advertised and applicant was selected from the Request for Reassignment or Promotion Pool. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Prepared by |  | Date |  | Phone Number |
|  |  |  |  |  |
| Authorized by |  | Date |  | Phone Number |
|  |