



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.
 A copy of other employment verifications not included in reference checks (*such as DD-214, letters from previous employers, typing test scores, etc.*).
- ___ 4. A copy of the Job Requisition. *
- ___ 5. A copy of documentation as proof of [Selective Service Registration](#) or exemption if selected applicant is a covered person (*Males born on or after 10/1/1962*)
- ___ 6. Recommend monthly salary: _____
Also, indicate how recommended salary was calculated (ex: minimum, % above current, etc.).
- ___ 7. Any other special requests such as requests for approval of equivalent training and experience or approval of trainee or emergency status.
- ___ 8. Complete Selection Documentation/Form (*DEO Form HRM-16*).
- ___ 9. Level 2 Background Screening **Date** (*if designated a Special Trust Position*)
- ___ 10. [Florida Retirement System \(FRS\) – Certification Form](#) (*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.
- ___ 11. 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