

RECOMMENDATION PACKAGE CHECKLIST

Documents/Information required in the Recommendation Package:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 06/2021) | | | | | | | | | | | |
|  | 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. | | | | | | | | | | | |

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