



# 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: \_\_\_\_\_