REQUEST FOR A PROVISIONAL APPOINTMENT - STUDENT CLASSES

STUDENT PROVISIONAL	APPOINTEE INFORMATION
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CURRENT STUDENT S	TATUS:	□ High School Stude	nt	□ Full-Time Undergrad St	tudent	Full-Time Graduate Student
CLASS REQUESTED FO	OR APPOINTMENT:	🗆 Student Intern – Fr	eshman	Student Intern - Sophor	more	🗆 Student Intern – Junior
		🗆 Student Intern – Se	enior	Legal Research Assistar	nt	Engineer-Architect Student Intern
UNITS COMPLETED:	□ 30 or less semester	/45 or less quarter	□ 31 - 60 s	emester/46 – 90 quarter		
	□ 61 - 90 semester/ 9	1 – 135 quarter	□ 91+ seme	ester/136+ quarter	🗆 Gradua	ate (Bachelor's Degree Conferred)
NAME (Last Name, Fi	rst Name):					
HOME ADDRESS:						
BIRTH MONTH AND I	DAY (MM/DD):	Co	NTACT #:		Alt	ernate Contact #:
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO						

EDUCATION AND TRAINING

Provide <u>ONLY</u> the education and training that relates to the student position for which you are requesting appointment.

NAME AND LOCATION OF COLLEGE/UNIVERSITY ATTENDED	MAJOR	DATES ATTENDED		UNITS COMPLETED		DECREE FARMED AND
		FROM	то	SEM.	QUARTER	DEGREE EARNED AND DATE OF CONFERRAL

EXPERIENCE: Begin with your present or most recent position. List all jobs separately. Provide all of the requested information for each position. Use additional pages as needed to list all relevant employment history. You may *also* provide the hiring authority your resume.

DATES (MM/DD/YYYY):	EMPLOYER:	POSITION TITLE:		
From: To:				
ADDRESS (Street, City, State, Zip Code):	PHONE NUMBER:	SUPERVISOR (Name and Phone):		
HOURS PER WEEK:	REASON FOR SEPARATION:	MAY WE CONTACT THIS EMPLOYER:		
DUTIES:				
DATES (MM/DD/YYYY):	EMPLOYER:	POSITION TITLE:		
From: To:				
ADDRESS (Street, City, State, Zip Code):	PHONE NUMBER:	SUPERVISOR (Name and Phone):		
HOURS PER WEEK:	REASON FOR SEPARATION:	MAY WE CONTACT THIS EMPLOYER:		
DUTIES:				

SIGNATURE OF PROVISIONAL APPOINTEE

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SIGNATURE OF APPOINTING AUTHORITY

D	АТЕ	

DATE

DEPARTMENT

PERSONNEL SERVICES REPRESENTATIVE SIGNATURE

Revised 3/13/18

STATEMENT OF PROVISIONAL APPOINTEE

I,_______, do hereby acknowledge an awareness and understanding of the following conditions relating to my employment and was on this date offered the opportunity to ask questions about the information contained in this statement:

- _____ a. My provisional appointment in the class of _______ is a result of there not being a current valid list of eligible candidates for this class. (*)
- b. The Department of Personnel Services will, in the due course of events, establish a list of eligible candidates for this class. (*) At such time as the list is established, the position I am filling on a provisional basis will be filled by appointment from that list. I understand that I must be amongst the top three (3) reachable ranks on the eligible list to be considered for appointment to the position.
- _____ c. My provisional appointment in this class must terminate within 20 calendar days following the effective date of the establishment of the eligible list for this class. (*)
 - _____ d. Pursuant to Civil Service commission Rule 7.6 (c), provisional appointments may run no longer than six (6) months unless approved otherwise by the Civil Service Commission.
- e. It is my own personal and individual responsibility to take whatever actions are required to secure any information pertaining to the announcement and to participate in the competitive examination process required for the class for which I am provisionally appointed.

To be notified via email when the exam for this class opens, follow these steps:

- 1. Go to https://www.governmentjobs.com/careers/sacramento/classspecs
- 2. Search for the class you are provisionally appointed to and click on it
- 3. Click on the link in the upper right hand area titled "Subscribe"
- f. I understand that the announcement for the class in which I am accepting provisional appointment may be announced on a promotional basis. I am aware that only county employees with permanent status in a class are eligible to take a promotional examination.
- g. I understand that all appointments and effective dates must be reviewed by the Department of Personnel Services. To qualify for this provisional appointment, I must meet the minimum qualifications for the class. I cannot be appointed until after I have received approval from the Department of Personnel Services.

(*) There are some classes in county service for which no full time permanent appointments are to be made: classes in which temporary appointments only are made and classes for which it may not be intended that examinations be given or list of eligible candidates established. However, all provisional appointees are required to sign this statement because of the possibility of program changes affecting county operations and/or changes in the classifications plan that might not have been known at the time of my provisional appointment. The purpose of this statement, therefore, is to acknowledge my responsibility for all actions that may be required in the event of any change that would necessitate the actions as outlined above herein.

SIGNATURE OF PROVISIONAL APPOINTEE

DATE