

STAFF/ADMINISTRATIVE
Form 4
SCREENING COMMITTEE RECOMMENDATION

Please Attach Recommended Candidate's File and Obtain Signature from APSHR

TO: _____
Hiring Authority (Person Making Hiring Decision)

Following consultation with the screening committee this represents the consensus of the committee, and where there has not been a consensus the differences are noted.

FROM: _____
Screening Committee Chair

Candidate(s) Recommended:

Reasons for Selection (Please provide specific, fairly detailed reasons.):

Reasons for non-selection of candidates *interviewed*. (Please address each candidate individually and provide specific, fairly detailed reasons.)

Candidate(s) NOT Recommended:

Reasons for Non-Selection:

Reasons for non-selection of candidates ***interviewed***. (Please address each candidate individually and provide specific, fairly detailed reasons.)

Candidate(s) NOT Recommended:

Reasons for Non-Selection:

Please Return the Original to the APSHR