

# **DEPARTMENT OF HUMAN RESOURCES**

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*Nancy Selvage,  
Director of Human  
Resources*

## **CERTIFICATION LIST AUTHORIZATION**

Date: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Head: \_\_\_\_\_

Signature: \_\_\_\_\_

As of the date above, the only person(s) authorized to pick up certification lists and applications for recruitments are as follows:

### **Employee Printed Name and Signature**

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(This completed form supersedes pervious submitted forms. All previously submitted forms become null and void.)