

REQUEST FOR A PROVISIONAL APPOINTMENT - STUDENT CLASSES

STUDENT PROVISIONAL APPOINTEE INFORMATION

CURRENT STUDENT STATUS: High School Student Full-Time Undergrad Student Full-Time Graduate Student

CLASS REQUESTED FOR APPOINTMENT: Student Intern - Freshman Student Intern - Sophomore Student Intern - Junior

Student Intern - Senior Legal Research Assistant Engineer-Architect Student Intern

UNITS COMPLETED: 30 or less semester/45 or less quarter 31 - 60 semester/46 - 90 quarter

61 - 90 semester/ 91 - 135 quarter 91+ semester/136+ quarter Graduate (Bachelor's Degree Conferred)

NAME (Last Name, First Name): _____

HOME ADDRESS: _____

BIRTH MONTH AND DAY (MM/DD): _____ **CONTACT #:** _____ **Alternate Contact #:** _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES No

EDUCATION AND TRAINING

Provide ONLY 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		DEGREE EARNED AND DATE OF CONFERRAL
		FROM	TO	SEM.	QUARTER	

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): From: To:	EMPLOYER:	POSITION TITLE:
ADDRESS (Street, City, State, Zip Code):	PHONE NUMBER:	SUPERVISOR (Name and Phone):
HOURS PER WEEK:	REASON FOR SEPARATION:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
DATES (MM/DD/YYYY): From: To:	EMPLOYER:	POSITION TITLE:
ADDRESS (Street, City, State, Zip Code):	PHONE NUMBER:	SUPERVISOR (Name and Phone):
HOURS PER WEEK:	REASON FOR SEPARATION:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		

SIGNATURE OF PROVISIONAL APPOINTEE DATE

SIGNATURE OF APPOINTING AUTHORITY DATE DEPARTMENT

PERSONNEL SERVICES REPRESENTATIVE SIGNATURE DATE

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 www.SacCountyJobs.net Click on the link titled "Class Specs"
 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
