

Ohio Department of Medicaid  
**SELECTION APPROVAL**

HR World Track #
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Classification	<input type="checkbox"/> Bargaining <input type="checkbox"/> Exempt	Office/Bureau/Unit
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<b>I. RECOMMENDED FOR HIRE</b> (in order of preference; space allows for filling multiple Position Numbers (PNs)) (Applicants must be qualified and obtain a passing score on proficiency assessment, as applicable)
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PN	PN
1.	1.
2.	2.
3.	3.

PN	PN
1.	1.
2.	2.
3.	3.

Hiring Supervisor ( <i>please print</i> )	Phone#
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<b>II. APPROVAL SIGNATURES</b>
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BUREAU CHIEF ( <i>please print</i> )	SIGNATURE	DATE
DEPUTY DIRECTOR ( <i>please print</i> )	SIGNATURE	DATE
CHIEF OF STAFF ( <i>please print</i> )	SIGNATURE	DATE

<b>III. JUSTIFICATION OF 1<sup>ST</sup> SELECTION FOR EACH PN</b>
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<b>IV. RECRUITMENT PROCESSING</b>
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Signature of Recruitment Representative Conducting Selection Review	Date	Rec'd in Recruitment for processing
Signature of Labor Relations Officer (as needed)	Date	
Name of HCM Analyst (HCMA) Processing Action	Date Forwarded to HCMA	