

**STAFF/ADMINISTRATIVE**  
Form 4  
**SCREENING COMMITTEE RECOMMENDATION**

Please Attach Recommended Candidate's File and Obtain Signature of Human Resource Director.

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:

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date

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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 Human Resources Department**