



REPORT OF PERSONNEL TRANSACTIONS FOR NON-STATE EMPLOYEES

AGENCY/INSTITUTION AND HEADQUARTERS	TRANSACTION CODE(S)
	DATE PREPARED

Completion of this form is dependent on the personnel transaction code being processed. Multiple transactions may be processed simultaneously on one form for an individual. For a listing of the mandatory fields associated with each transaction code, please refer to the Contractual Personnel System Transaction Manual, which can be found on the SCSC's website at www.ssc.state.pa.us and logging on the HR Professional website.

FROM SIDE

SOCIAL SECURITY NO.		DEPT.	BUREAU	CLASS CODE	SERIAL NO.	POS. TYPE SERVICE
FIRST NAME		MIDDLE INITIAL	LAST NAME		SUFFIX	
STREET ADDRESS		CITY	STATE	ZIP CODE		
RACE	SEX	BIRTH DATE	TYPE PAY	TWC	HDQ. CODE	CSS
PAY RATE		ANNUAL SALARY	COLL. BARG.	SECONDARY FUNDING		ANNIVERSARY DATE
EFFECTIVE DATE	CERT. NUMBER	PAY RANGE	PAY STEP	PROBATIONARY ENDING DATE		
CLASS TITLE						

TO SIDE

SOCIAL SECURITY NO.		DEPT.	BUREAU	CLASS CODE	SERIAL NO.	POS. TYPE SERVICE
FIRST NAME		MIDDLE INITIAL	LAST NAME		SUFFIX	
STREET ADDRESS		CITY	STATE	ZIP CODE		
RACE	SEX	BIRTH DATE	TYPE PAY	TWC	HDQ. CODE	CSS
PAY RATE		ANNUAL SALARY	COLL. BARG.	SECONDARY FUNDING		ANNIVERSARY DATE
EFFECTIVE DATE	CERT. NUMBER	PAY RANGE	PAY STEP	PROBATIONARY ENDING DATE		
CLASS TITLE						

REMARKS	
---------	--

CONTACT PERSON	
TELEPHONE NUMBER	
	DATE



pennsylvania
STATE CIVIL SERVICE COMMISSION

Request for Certification

CLASS CODE:	CLASS TITLE:		REQUISITION NUMBER:		
AGENCY CODE & NAME:		LOCATION CODE & NAME:	BUREAU CODE:	TYPE CERTIFICATION:	
SCSC-98 SOFTWARE REQUEST (YES or NO)	NUMBER OF POSITIONS:	NUMBER OF NAMES:	TYPE LIST:	TYPE APPOINTMENT AND LIST:	SUPPLEMENT TO CERTIFICATION NUMBER:
SHIFT CODE:	DISTRICT/REGION CODE:	SENIORITY UNIT CODE:		COMPARABLE CLASS:	
EMPLOYEE NAME:		SSN:	DATE NEEDED:		

REMARKS:

NAME AND TITLE:		
EMAIL ADDRESS:	DATE:	TELEPHONE NUMBER:

Official Use Only (Please do not fill below this line)	CERTIFICATION NUMBER:
--	-----------------------



REQUEST FOR SELECTIVE CERTIFICATION

INSTRUCTIONS

- Prepare this form by completing PART A. If applicable, attach appropriate document(s), e.g., Information Technology Skills Inventory or copy of appropriate regulation.
- Submit via e-mail to: ra-cs-certs@pa.gov.
- PART B is completed by the Executive Director, SCSC, after which, the requesting appointing authority will receive written notification indicating approval or disapproval of this request.

PART A

1. CLASS CODE AND TITLE		2. REQUISITION NUMBER	
3. REQUESTING AGENCY (Code and Name)		4. BUREAU (Code and Name)	
5. LOCATION OF POSITION(S) (Code and Name)		6. NO. of POSITIONS	7. POSITION NUMBER(S)
8. APPLY SELECTIVE CRITERIA TO: (Mark one). <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> POSTING <input type="checkbox"/> BOTH		9. TYPE CERTIFICATION	10. NO. of NAMES
		11. TYPE LIST	
12. TYPE APPOINTMENT	13. SCSC-98 SOFTWARE REQUEST <input type="checkbox"/> YES <input type="checkbox"/> NO	14. SHIFT CODE	15. DISTRICT/REGION CODE
16. AGENCY CONTACT PERSON			
16A. SIGNATURE OF AUTHORIZED AGENT _____		16B. DATE SIGNED _____	
16C. TYPED OR PRINTED NAME AND TITLE		16D. TELEPHONE NUMBER	16E. E-MAIL ADDRESS
17. SPECIAL REQUIREMENTS AND JUSTIFICATION AS IDENTIFIED IN MANAGEMENT DIRECTIVE 580.15. (Use additional sheets of paper if necessary.)			

PART B

18. SCSC ACTION (See Attached Memo for Additional Information.)

18A. THE FOLLOWING REQUIREMENTS ARE: APPROVED DISAPPROVED

18B. SIGNATURE

18C. DATE

SCSC-98 Rev. 06-13	AVAILABILITY SURVEY/INTERVIEW NOTICE	CERTIFICATION NO(S):	DATE:
-----------------------	---	----------------------	-------

JOB INFORMATION – Your name has been referred to this agency by the State Civil Service Commission for the job title listed below.

Job Title: _____

Work Location: _____

Type Employment: _____ Pay Grade: _____ Starting Salary: _____

Brief Job Description/Special Working Conditions: _____

To: _____ From: _____

Please make any changes, if necessary, and update your on-line account at www.scsc.state.pa.us. Telephone: _____

Final Earned Rating (FER): _____

SECTION 1: AVAILABILITY SURVEY

THIS IS A SURVEY OF YOUR AVAILABILITY/INTEREST FOR THE ABOVE JOB TITLE.

A. I am available for this position.

B. I am NOT available for this position, but will consider future opportunities in this job title.

C. I am NOT available for this job title. Remove my name from this list.

D. I am NO longer available for employment. Remove my name from all lists.

RETURN ONE COPY OF THIS FORM BY _____ TO THE ABOVE ADDRESS. FAILURE TO DO SO WILL REMOVE YOUR NAME FROM ALL LISTS FOR EQUIVALENT AND LOWER-LEVEL JOB TITLES.

SECTION 2: INTERVIEW NOTICE

REPORT FOR INTERVIEW

Location: _____ Date: _____

Time: _____

Name: _____

Telephone: _____

BRING THIS FORM WITH YOU TO THE INTERVIEW. IF YOU ARE NOT AVAILABLE FOR THIS JOB, COMPLETE SECTION 1. IF YOU NEED ACCOMMODATIONS FOR THE INTERVIEW DUE TO A DISABILITY, PLEASE CALL THE NUMBER LISTED ABOVE.

YOUR SIGNATURE _____ **DATE** _____ **TELEPHONE** _____

FOR AGENCY USE ONLY

Date and Time Information Received: _____

Signature of Agency Employee Who Received Information: _____

Information Received Via: TELEPHONE EMAIL FAX US POST INTER-OFFICE MAIL IN PERSON

Comments: _____