



State of Connecticut Human Resources
ATC Certification Documentation Form

Form #: CT-HR-2
Revision Date: 9/2011

Instructions: A separate form must be completed for each candidate that is being waived or by-passed in the pecking order that has mandatory rights above the candidate that the hiring agency is requesting approval to hire or promote to a vacancy.

Agency: _____ ATC Certification #: _____

Classification: _____ Job Class Code: _____

Candidate Name: _____ Position #: _____

Name of Anticipated Hire: _____

Check below the type of right the candidate has and attach copies of the required documentation. (Original documentation should be maintained by the agency.)

REEMPLOYMENT RIGHTS:

- WAIVED: Candidate has signed a Waiver Form. (Waiver Form is attached.)
NO REPLY: Candidate did not reply to letter. (Copy of letter sent is attached.)

SEBAC RIGHTS:

- WAIVED: Candidate has signed a Waiver Form. (Waiver Form is attached.)
NO REPLY: Candidate did not reply to letter. (Copy of letter sent is attached.)
BY-PASS: Agency has by-passed candidate in accordance with 1996 MOU. (Prior waiver letters/documentation is attached.)
BY-PASS: DAS Commissioner has authorized a by-pass for this position. (The Agency justification letter to DAS and the DAS Commissioner's approval letter are attached.)

OTHER MANDATORY RIGHTS:

[District 1199 - Professional Healthcare and Paraprofessional Healthcare Employees Union only.]
Transfer, promotion, demotion transactions provide P-1 and NP-6 employees with Mandatory rights to competitive and non-competitive positions in accordance with their collective bargaining agreement.

- WAIVED: Candidate has signed a Waiver Form. (Waiver Form is attached.)
NO REPLY: Candidate did not reply to letter. (Copy of letter sent is attached.)

All required supporting documentation is attached and no offer of employment for this position has been made. No offer will be made until this certification request has been approved by the Department of Administrative Services.

HR Representative Name HR Rep. Title Date

HR Representative Signature () Phone Number