



**State of Connecticut Human Resources
EXAMINATION DATA FORM**

Form #: CT-HR-9

Revision Date: March 27, 2015

This form should be submitted when requesting an examination. It should also accompany your request for provisional appointment (Form Per-4).			CT-HR-9 ID Number:		
1. Agency:		2. Class Title:		3. Class Code:	
4. Number of positions to be filled: Immediately: _____ Within 1 year _____ TOTAL: _____		5. Position Number(s): _____ 6. Location(s): _____		7. Do you have OPM approval to fill the position(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Questions 8 through 12 are to be answered by a check mark.			YES	NO	
8. Are any provisionals serving in this class at present? If yes, please list name(s) of individual(s).					
9. Date of first provisional appointment.	Month:	Day:	Year:		
10. Does the present specification describe duties of position(s) accurately? (If no, see #13)					
11. Does present specification describe "knowledge, skill and ability" as minimum qualifications accurately? (If "no", see #13)					
12. Are the experience and training requirements reasonable for the position to be filled? (If no see #13)					
13. If answer to 10 and/or 11 above is "no", explain here "duties or knowledge, skill and ability" which are currently pertinent. (Use other side if necessary.)					
14. Selection Process [check appropriate box(es)]					
COMPETITION DESIRED (Final determination is DAS-Human Resource's responsibility.)			EXAM MODE DESIRED (Final determination is DAS-Human Resource's responsibility.)		
<input type="checkbox"/>	Open Competitive		<input type="checkbox"/>	Written	
<input type="checkbox"/>	Departmental Promotional		<input type="checkbox"/>	Experience & Training	
<input type="checkbox"/>	Statewide Promotional		<input type="checkbox"/>	Oral	
			Other – Specify:		
15. Specific subjects which should be covered in written or oral test:					
16. Specific factors which should be covered by a rating of experience and training:					
17. List name and telephone numbers of experts in or out of State service qualified to assist in preparing this examination or serving as examiners. Persons recommended should not be contacted by your department, but will be contacted by DAS-Human Resources at its discretion.					
NAME			TELEPHONE NUMBER		
Name (Appointing Authority or Authorized Agent)			Title		Date
Phone Number:			E-mail address:		
NOTE: IF FILLING ABOVE POSITION(S) CREATES NEED FOR FILLING OTHER POSITION(S), PLEASE SUBMIT AN ADDITIONAL EXAMINATION DATA FORM FOR EACH SUCH POSITION/CLASS. *Examinations may be made without approved positions provided there is good cause. "Please indicate recruitment suggestions, additions to the above, or other pertinent information on this form." Please fax this form to (860) 622-2879 or e-mail it to examination.requests@ct.gov.					
DAS advertises all open competitive exams on the DAS website, in the DOL Job Centers and in the state agencies. Is additional, focused advertising needed in order to draw a pool of qualified applicants? (All special advertising expenses will need to be covered by your agency.)			<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please list the name, phone number and e-mail address of a contact person within your agency.					
Name:			Phone Number:		
E-mail Address:					
Other Comments or information:					