

**Certification Documentation Form**

Form #: CT-HR-2

Revision Date: October 2023

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Effective October 30, 2017, DAS partially delegated the job certification process, subject to post-audit, to appointing authorities or their designees in accordance with Sec. 5-200 (a)(8) of the Connecticut General Statutes. Before making a conditional offer of employment, agencies shall appropriately clear all mandatory lists.

**Instructions:** This form should be used by agency Human Resources Professionals to document offers to a mandatory list candidate or attest that all mandatory lists have been cleared prior to a conditional offer of employment to a candidate on a JobAps Certified List.

**Action Required:**

- Complete the information below and email the completed form to [DAS.Certification@ct.gov](mailto:DAS.Certification@ct.gov).
- The Email Subject line must include: **Cert Request \_Agency Acronym\_ Candidate Name\_Cert Number**  
**For Example:** Cert Request\_ DOC\_ John Smith\_123456

Agency Name: \_\_\_\_\_ JobAps Certification # or Code: \_\_\_\_\_

Bargaining Unit: \_\_\_\_\_ Job Class Code: \_\_\_\_\_

Title of Position: \_\_\_\_\_ Position (PCN) # : \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Date Job Offer Made (MM/DD/YYYY): \_\_\_\_\_

Anticipated Start Date (MM/DD/YYYY): \_\_\_\_\_

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If you are placing a **Mandatory List Candidate**, please complete the following:

Is this a Mandatory transfer:                      Yes                      No

Is this a hazardous duty position:                      Yes                      No

Type of Mandatory Right: \_\_\_\_\_

Pay Plan & Salary Grade: \_\_\_\_\_ Salary Step: \_\_\_\_\_

FT Hours: \_\_\_\_\_ Bi-weekly Rate of Pay: \_\_\_\_\_

Location (Town): \_\_\_\_\_

I hereby certify that all mandatory lists have been cleared for the above-mentioned position(s):

Name of Agency HR Professional: \_\_\_\_\_ Date: \_\_\_\_\_