SELECTION OUTCOME REPORT (NOTE: This form MUST have attached to it the Comparative Assessment of Applicants Form (PSC FORM *3-4)* completed by the Selection Committee). JOB TITLE: _____ GRADE: ____POST NO: ____ MINISTRY: _______DEPT: _____LOCATION: _____ RECOMMENDED APPLICANT: ELIGIBLE APPLICANT(S) (if any): (ranked in order of merit commencing with the next most suitable applicant) 1. **DIRECTOR OF DEPARTMENT or PSC CONVENOR** (if Director-level vacancy) **Comments: Recommendation Supported** (Please circle) Yes/No I certify that the merit selection procedures set out in the Staff Manual have been followed. Signature: ______ Date: _____ 2. DIRECTOR-GENERAL OF MINISTRY or PSC CONVENOR (if DG-level vacancy) **Comments: Recommendation endorsed** (Please circle) Yes / No I certify that the merit selection procedures set out in the Staff Manual have been followed and that sufficient funding is available in the Department's budget to fill this position. Signature: _____ Date: _____ 3. <u>Decision of PUBLIC SERVICE COMMISSION</u> Date of PSC Meeting: _____ Decision: ____Approved/Not Approved (*Please circle*) **Comments:**

NOTE: If approved, please also sign the attached <u>Letter of Appointment</u>.