

ST. LAWRENCE COUNTY  
PERSONNEL DEPARTMENT

48 Court Street

Canton, New York 13617-1194

Phone: (315) 379-2210 Fax: (315)379-2388

Request for Certification of Eligibles List

Agency Name \_\_\_\_\_

Position Title \_\_\_\_\_

Position Is  Full Time  Part Time  Per Diem  Contingent Permanent  
If Full time or Part time is indicated please provide the average number of  
hours expected to work per week. \_\_\_\_\_

Salary Information \_\_\_\_\_ (If Salary Range is applicable, it must be indicated)

Position Is  0- up to 3 months  3- up to 6 months  
 6 months & over

Location of Position \_\_\_\_\_(School District, Township, Department Site)

Number of Positions \_\_\_\_\_

Residency Requirement  County or  Name of Municipality (Residency) \_\_\_\_\_

List to be  Mailed  Faxed Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

New position  Yes  No

If no, name of person who vacated position \_\_\_\_\_

And the Budget Position Number \_\_\_\_\_

For St. Lawrence County Departments Only

The department submitted a "Vacancy Announcement Form" to Finance Committee on \_\_\_\_\_ (date).  
Unless otherwise directed, the department may begin the canvass/advertisement process after  
committee approval.

If the committee agreed to allow the department to fill the position prior to final Board of Legislator  
approval, please forward this completed form to the County Administrator for verification of approval.

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

County Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if necessary)