

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RECORD OF COMPLETION OF EDUCATIONAL CREDENTIAL CHECK (S)

FOR SPECIAL PAYMENTS PAYROLL

APPLICANT NAME: \_\_\_\_\_

POSITION/VACANCY FOR WHICH RECRUITING, I.E. JOB CLASSIFICATION/LEVEL: \_\_\_\_\_

APPROPRIATION CODE OF ABOVE POSITION/VACANCY: \_\_\_\_\_

NATURE OF EDUCATIONAL CREDENTIALS:

\_\_\_ HIGH SCHOOL DIPLOMA/GED

\_\_\_ ASSOCIATE OF ARTS \_\_\_\_\_ MAJOR

\_\_\_ BACHELOR'S \_\_\_ ARTS \_\_\_ SCIENCE \_\_\_\_\_ MAJOR

\_\_\_ MASTER'S \_\_\_ ARTS \_\_\_ SCIENCE \_\_\_\_\_ MAJOR

\_\_\_ DOCTORATE \_\_\_\_\_ FIELD

\_\_\_ CREDITS \_\_\_\_\_ FIELD \_\_\_ CREDITS \_\_\_\_\_ FIELD

\_\_\_ CREDITS \_\_\_\_\_ FIELD \_\_\_ CREDITS \_\_\_\_\_ FIELD

EDUCATIONAL CREDENTIAL CHECK (S) RESULTS

COMPLETION OF EDUCATIONAL CREDENTIAL CHECK (S) AS ABOVE REVEAL:

\_\_\_ EDUCATIONAL CREDENTIALS VERIFIED. SEE ATTACHED COPIES.

\_\_\_ EDUCATIONAL CREDENTIALS INCOMPLETE. FURTHER INFORMATION NEEDED. SEE ATTACHED LETTERS REQUESTING VERIFICATION/ ADDITIONAL INFORMATION.

I VERIFY THAT THE ATTACHED COPY WAS AN ORIGINAL SEEN BY ME AND SUFFICES THE EDUCATIONAL REQUIREMENTS FOR THIS POSITION.

\_\_\_\_\_  
SIGNATURE/PRINTED NAME OF INTERVIEWER  
OR PERSONNEL LIAISON

\_\_\_\_\_  
DATE