SECOND ROUND FINAL CANDIDATE LIST

Date:					
Position:		Job ID#: Department:			
Please indicate the names of tho	se persons selected	for interview.			
This list must be approved by th	e Affirmative Acti	on/EEO Officer before the proposed candidate(s) is/are recommende	ed.	
Thank you.					
Note: In the Interview Outcome	column indicate §	EELECTED if candidate is successful.		AA OFFICE	ONLY
NAME	DATE OF	INTERVIEW OUTCOME		ETHNICITY	SEX
	INTERVIEW	(SELECTED/ NOT SELECTED/WITHDREW/DECLIN	ED INTERVIEW)		
Hiring Manager:	1				
Print Name (Hiring Manager)	:				
Hiring Manager Signature:		Date: _			

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