|  |
| --- |
| **Send this Completed Form and the Attachments Listed Below to Your Assigned TACD Analyst** |
| **Procedural Steps** | **Date Completed** |
| About the Selected Candidate:

|  |  |
| --- | --- |
| Candidate’s Full Name: |  |

|  |  |  |
| --- | --- | --- |
| Internal DHS Employee: | [ ]  Yes | [ ]  No |
| External (to DHS) Candidate: | [ ]  Yes | [ ]  No |
| State Office (427) Position: | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| Position Title: |  |
| Position Number: |  | Pay Grade |  |

 |  |
| Requested Start Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enter Month: |  | Select Start Day: | [ ] 1st day | [ ] 16th day |

Candidate Has Indicated That He/She Must Provide A Two Week Notice to Current Employer:

|  |  |
| --- | --- |
| [ ] Yes | [ ] No  |

 |  |
| Salary: (Attach Position Requisition form. Salary Cannot Exceed the Amount Approved on the Position Requisition Form)  |  |
| Background Check Has Been Conducted and Approved

|  |  |
| --- | --- |
| [ ] Yes | [ ] No  |

 (An Offer Letter cannot be generated until this has been successfully completed.) **TACD will obtain official verification from TACD Background Check Technician.** |  |
| Fully Completed and **Notarized** Loyalty Oath

|  |  |  |  |
| --- | --- | --- | --- |
| Attached: | [ ]  Yes | [ ]  No  | If no, please explain. |

 |  |
| Approved Promotion/Salary Increase Form (for internal promotions)

|  |  |  |  |
| --- | --- | --- | --- |
| Attached: | [ ]  Yes | [ ]  No  | [ ]  Not Applicable. This is an external candidate. |

 |  |
| State of Georgia Application

|  |  |  |  |
| --- | --- | --- | --- |
| Attached: | [ ]  Yes | [ ]  No  | If no, please explain. |

 |  |
| Consent for Release of Information

|  |  |  |  |
| --- | --- | --- | --- |
| Attached: | [ ]  Yes | [ ]  No  | If no, please explain. |

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|  |  |  |  |
| --- | --- | --- | --- |
| Your Name: |  | Position Title: |  |
| Division/Office: |  | Section: |  |
| Business Phone: |  | Date Submitted: |  |

 |  |
| **Communication to Hiring Authority from TACD**  |
| **Note to Hiring Authority: Your electronic version of the Offer Letter is attached.**Please sign the document and mail the Offer Letter to the candidate. The TACD Analyst will provide copies of all relevant information to the Benefits Section of DHS-OHRMD when the Offer Letter is distributed to hiring authorities.

|  |  |  |  |
| --- | --- | --- | --- |
| TACD Analyst: |  | Business Phone: |  |
| Completion Date (Date Offer Letter Issued to Hiring Authority: |  |
| Date Documents Given to Benefits: |  |

 |  |