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| **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. | |  |
| |  |  |  |  | | --- | --- | --- | --- | | 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: | |  | | |  |