CERTIFICATION OF MINIMUM AND SPECIAL QUALIFICATIONS VERIFICATION

I have re	eviewed the APPLICATION Fo	OR EMPLOYMENT of
		[Name of Applicant/Employee]
and hav	e determined that this applican	t/employee meets the minimum qualifications for the job
and spec	cial qualifications (if applicable	e) for the position of
		[Job 1ttle]
Code	for the	
	[Job Code] for the	[DHS Organizational Unit]
Name of Reviewer		Signature of Reviewer
Title		Date
	*********	*******