

Employee Vacating
Resolution #/Board Action _____

REQUEST FOR CANVASSING OF ELIGIBLE LIST

POSITION: _____ **HOURS:** _____ **PER WK.**

LOCATION: _____ **SALARY:** _____ /HR

SPECIAL REQUIREMENTS: (transportation, residency, training, etc.)

INDICATE BY CIRCLING:

FULL TIME

PART TIME (1/2 or less of normal work week)

SEASONAL

TEMPORARY

APPOINTING AUTHORITY SIGNATURE _____ **DATE** _____

RETURN TO: **WYOMING COUNTY CIVIL SERVICE**
ATTN: BETHANY MERICA
338 N. MAIN STREET, THOMSON HALL
WARSAW, NEW YORK 14569