

Offer Approval Request Form

Human Resources Shared Services (HRSS)

Complete this form with the required details so HRSS can complete the offer approval and email the offer letter to the selected candidate.

Requisition ID:

Candidate's Name (First / Last):

Org Chief:

Offer Approval Details

Required fields are indicated with an asterisk *

Start Date *	
Term End Date	
Work Schedule Rule (If different from previous incumbent)	
Timekeeper ID (If different from previous incumbent)	
Step on Scale *	
Is this an underfill? *	
If yes, provide more information	
Vacation *	
On Call	
If a requirement of the position, have you verified the candidate's license/registration *	
If yes, licensing / registering body	
If yes, license / registration number	
If yes, license / registration expiry date	
Have you verified the candidate's education? *	

Other Info to Include in Offer Letter
(e.g. grad nurse, mobility details)

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IMPORTANT

Once you have completed this form, save it. Then go to the offer approval email you received from HRSS and attach the form directly in that email to your reply.

Do not remove the incident number (e.g. INC000001234567) from the Subject line in that email, this ensures that this form is sent directly back to the same incident and representative you are working with.

Removing the incident number from the Subject line will create a new incident to HRSS and **will** delay getting the letter of offer to the successful candidate. Please do not send this form in a separate email.