

## DECLINATION FORM

I, \_\_\_\_\_, do not want to be considered for the position of  
(Print First and Last Name)  
\_\_\_\_\_ at \_\_\_\_\_.  
(Title) (Agency)

**In accordance with Civil Service Rules for Clinton County Rule 12 (4):** I understand I will be eliminated from further certification from the eligible list unless I decline for one or more of the reasons listed below. I am declining this position for the reason(s) indicated (circle one or more and complete):

(a) **Unacceptable Salary** (Salary offered: \$\_\_\_\_\_)  
I understand I will not be considered for any appointment in this title at or below this salary.

(b) **Location of Employment**  
I understand I will not be considered for any appointment in this agency.

(c) **\*Temporary Inability, Physical or Otherwise, acceptable by the Personnel Director**  
Please explain your temporary inability to accept this appointment: \_\_\_\_\_  
\_\_\_\_\_

(d) **\*Other Reason, acceptable by the Personnel Director**  
Please explain your reason to decline this appointment: \_\_\_\_\_  
\_\_\_\_\_

***IF YOU APPEAR ON A CONTINUOUS RECRUITMENT ELIGIBLE LIST MORE THAN ONCE,  
THE REASON FOR YOUR DECLINATION WILL APPLY TO EVERY SCORE.***

\*I understand the Personnel Director must deem the temporary inability and/or other reason to decline as acceptable or my name will be eliminated from further certification from the eligible list.

\_\_\_\_\_  
**Candidate's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Appointing Authority's Signature**

\_\_\_\_\_  
**Date**

**To be completed by Personnel Department:**

Eligible List # \_\_\_\_\_

Eligible List Expiration Date \_\_\_\_\_

Reason for approval or disapproval: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Personnel Director's Signature**

\_\_\_\_\_  
**Date**