Form 2

TASMANIA

Office of the State Service Commissioner

State Service Act 2000

APPLICATION FOR SELECTION REVIEW

In accordance with Section 50(1)(a) of the *State Service Act 2000* I request a review following the selection of a person to perform duties other than duties to be performed for a specific term or for the duration of a specific task.

A full statement supporting my application, based on evidence from the original selection process, is attached.

Name of selected person: …….……...…

Vacancy Title: ……...…… Vacancy No.: ……..…….……..

Agency: ……...…… Division: …….……..…….….. Location: ……..……

DETAILS OF APPLICANT SEEKING THE REVIEW:

Full Name: (Mr/Mrs/Miss/Ms)

.....…….....…….....
(SURNAME) (GIVEN NAMES)

Home Address: .....…….…..... Postcode: ....…...….....

Phone No: (Business) .....…….....….. (Private) .....…….....

Agency: ……...…….……..… Division: …….…….…….……

Current Title: .....…..... Location: ……..……

NOTE: The information you supply with your application will be made available to the respondent and the person selected for the vacancy.

Signed: ..... Date: ..... / ..... / .....

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