

DEPARTMENT'S LETTERHEAD

CONDITIONAL OFFER ACCEPTANCE FORM

DATE

Candidate Name
Address
City, State, Zip

Dear **Candidate's Name**:

You are hereby extended a conditional offer of employment for the position of _____, in the Department of _____.

To formally accept this conditional offer and proceed for further consideration in the selection process, you must complete the information below and return this form along with the other required completed forms in your packet via postal mail within seven (7) calendar days to the address listed on this letterhead.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

Cc: Director, Department of P&CSC
Supervisor of Applications & Records, Department of P&CSC