**State of Minnesota**

**Monitoring the Hiring Process Form**

**Complete this form ONLY for vacancies where there is**

**an underutilizationfor a protected group in an EEO Job Category.**

**I. GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Agency Name (include location or facility): | Job Classification and Job Code (example: PCS, Sr / 0859): | EEO Job Category: |
| Requisition Number (if none, use Position Number): | Unlimited, Classified filled through Multi-Source or Non-Competitive, Qualifying Appt  SEMA4 Action/Reason Code : | Appointment Date: |

**II**. **IDENTIFY UNDERUTILIZED PROTECTED GROUP(S)** **FOR THIS VACANCY** (**Check all that apply)**

Women  Minorities  People with a disability

**III. INDICATE RECRUITMENT CONDUCTED FOR THIS POSITION (Check all that apply)**

Newspapers  Community Newspaper  Community/Civic Organization

Internet Job Boards  Diversity-focused Internet Sites  Employee Suggestions

Colleges/University Posting  Trade/Technical School Posting  Workforce Center

Job Fair  MMB Website  Professional Organization

Diversity-focused Magazine/Journal  Agency Website  Disability/Minority Councils

Direct mailing

Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. RECRUITMENT COSTS FOR THIS POSITION** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Cost of recruitment in Section III)

**V. INDICATE WHO WAS INVOLVED IN THE RECRUITMENT (Check all that apply)**

Affirmative Action Officer  Agency Recruiter  Hiring Manager

HR Staff  MMB Recruiter

Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. TOTAL NUMBER OF PEOPLE IN THE APPLICANT POOL \_\_\_\_\_\_\_\_\_\_\_**

**VII. NUMBER OF *QUALIFIED* *PROTECTED GROUP MEMBERS* IN THE APPLICANT POOL**

| Identify underutilized protected group(s) for this vacancy below. | # of protected group members in the Applicant Pool | # of protected group members the agency attempted to contact | # of protected group members responding to contact from agency | # of protected group members who were interviewed | # of protected group members who withdrew or declined job offer |
| --- | --- | --- | --- | --- | --- |
| Females |  |  |  |  |  |
| Minorities |  |  |  |  |  |
| People with Disability |  |  |  |  |  |

**VIII. APPOINTMENT**

**Affirmative**  Yes (If Yes, go to the last section and sign. You do not need to complete the rest of the form.)

**OR**

**Non –Affirmative**  Yes (If Yes, indicate in the next section whether the appointment was Justified OR Non-justified.)

**IX.**

| **JUSTIFIED**  The following reasons may apply if appointee is not a member of a protected group (women, minority, or person with disability) for which there is an underutilization. Select a reason for each member of a disparate group. | **OR** | **NON-JUSTIFIED** |
| --- | --- | --- |
| **Collective Bargaining Agreement Provisions**  Contract/Plan provisions applied. Including, but not limited to: seniority, appointment from layoff, claiming, transfer/demotion in lieu of layoff or reassignment to avert a layoff.  Cite contract language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Appointment made in order to comply with grievance, arbitration, or litigation settlement.  **Workers’ Compensation/Disability**  Appointed workers’ compensation employee or appointed individual with a disability as a reasonable accommodation (under A.P. 13.1).  Unable to make reasonable accommodation for applicant’s disability.  Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Human Resource, Protected Group or Requirement Issues**  No members of disparate groups were in the Applicant Pool.  There were (\_\_\_\_\_) applicants in the pool who did not disclose their protected status.  Member of disparate group failed to pass mandatory job requirements; such as: education, training, experience, certification /licensure, physical exam, or background check.  Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member of disparate group did not respond to agency’s contact, voluntarily withdrew their name, or were not interested in the position.  The person selected was not a member of the disparate group, but was **substantially** more qualified than the candidates not selected. What Knowledge, Skills, and Abilities made the appointee substantially more qualified?  Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Missed opportunity  Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**X.** **PRE-APPOINTMENT/EMPLOYMENT REVIEW PROCESS**

Was the **pre-appointment/employment review process** followed as stipulated in agency affirmative action plan?

Yes  No If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XI.** **SIGNATURE BLOCK**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Agency Human Resource Staff  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Affirmative Action Officer  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Directions for Completing Monitoring the Hiring Process Form***

This form is used to monitor appointments when a disparity exists pursuant to M.S. 43A.191, Subd. 3(c). This form should be used only for the following type of appointments, *IF* they meet the Unlimited, Classified Filled Through Multi-Source and Non-Competitive, Qualifying appointment descriptions listed under SEMA4 Action/Reason Code.

1. Competitive appointments;
2. *43A.08, subd. 1(9)* presidents, vice-presidents, deans, other managers and professionals in academic and academic support programs, administrative/service faculty, teachers, research assists., and student employees eligible under terms of the federal Economic Opportunity Act work study program in the Perpich Center for Arts Educ. and MnSCU, but not the custodial, clerical, or maintenance employees, or any professional or managerial employee performing duties in connection with the business
3. *43A.08, subd. 1(11)* attorneys, legal assistants, and three confidential employees appointed by the attorney general or employed with the attorney general's authorization;
4. *43A.08, subd. 1(16)* student workers;
5. *43A.08, subd 2a.* temporary unclassified positions;
6. *43A.15*, *subd. 3* temporary appointments;
7. *43A.15, subd. 10* routine service and entry clerical appointments;
8. *43A.15, subd. 12* work-training appointments;
9. *43A. 15, subd. 13* revenue seasonal employees.

**This form must be completed at the time the vacancy is filled.** Complete one form for each appointment where there is an underutilization. If you have questions, please contact Minnesota Management & Budget (MMB).

Information provided will be used to monitor the hiring process. Agencies will submit quarterly reports indicating the number of affirmative and justified appointments, and non-justified appointments based on data collected on this form. MMB will require agencies to submit forms as part of the affirmative action audit process. Agencies are to retain all forms, and submit copies to MMB upon request. Information will be included as part of the Affirmative Action Biennial Report to the Governor and Legislature. The report is utilized to assess the affirmative action progress of the State of Minnesota as an employer.

***Section I:***

**Agency Name:** List name of agency, along with location if more than one location exists. *Example: DHS-Anoka.*

**Job Classification and Job Code:** List the official job class title and job code as it appears in the State Salary Plan. *Example: PCS, Sr / 0859.*

**EEO Job Category:** List the EEO job category associated with the vacancy.

**Requisition Number:** Indicate the requisition number that has been generated for this vacancy. If there is no requisition number, indicate the position number. Circle Requisition or Position Number, as appropriate, and list the value.

**Unlimited, Classified Filled Through Multi-Source or Non-Competitive, Qualifying, SEMA4 Action/Reason Code:** Circle as appropriate. Determine the type of appointment by determining which of the listed event groups, as defined by SEMA4, best describes the circumstances for your appointment. Use the following table to determine the applicable code and insert this information into the box marked SEMA4 Action/Reason Code. Further information on these codes is available on the SEMA4 system. Please use the most recent listing.

| **Unlimited, Classified Filled Through**  **Multi-Source Appointments** | | **Non-Competitive, Qualifying Appointments** | | |
| --- | --- | --- | --- | --- |
| SEMA4 Action/  Reason Code: | Description: | SEMA4 Action/  Reason Code: | Description: |
| COM | Competitive Open Appointment | TMP | Temporary Appointment |
| ACP | Promotional Appointment | TUN | Temporary Unclassified Appointment |
| LAS | Layoff List Appointment | SUN | Statutory Unclassified Appointment |
|  |  | TRN/INT/SUN | Trainee/Intern/Student Appointment |
|  |  | AUN | Academic Unclassified Appointment |
|  |  | RSA | Routine Service Appointment |

**Appointment Date:** Indicate the date the appointment starts.

***Sections II, III, IV, and V:*** Follow directions indicated and be sure to answer all items completely.

***Section VI:*** Definition of Applicant Pool -- candidates who the agency determines meets the *minimum qualifications* for a position.

***Section VII***: Follow the directions for each column.

***Section VIII:*** Indicate whether the appointment was Affirmative or Non-Affirmative.

***Section IX:*** If the appointment was Non-Affirmative, check the reason the appointment was Justified and give further explanation if indicated, or check Missed Opportunity and give further explanation.

***Sections XI and X***: Follow directions indicated and be sure to answer all items completely.

If you require an alternate format of this form (i.e.: large print, etc.), call 651.259.3637.