Dear Candidate,

Your name appears on the (Insert Exam Title & Exam #) eligible list. The purpose of this canvass letter is to ascertain your interest and availability for an anticipated vacancy in the (Insert Agency or Jurisdiction name).

The (Insert Exam title) is for a (Permanent or Contingent-Permanent appointment to a position that is currently filled by another employee). The position is a (Insert hours) hour per week position with a starting salary of (Insert salary and or salary range if applicable) per hour (if presently an employee, the salary as provided by the current labor agreement) in addition to benefits (Remove if not applicable). The hours for the position are (Insert work hours) and candidates may be required to (Include any special requirements i.e., work weekends/evenings etc.).

DO NOT LEAVE YOUR PRESENT EMPLOYMENT. This is merely an inquiry as to your availability. Please fill out the information below and return it to this office no later than 7 business days from the date of this correspondence. Your response can be sent via email to (Include an email address) or by mail to (Insert your office address). Failure to reply by this date will result in your name being removed from the eligible list.

Sincerely,

(Insert Appointing Authority's name)

....

(   ) I will accept appointment, if offered. (Please include your resume with this response)

(   ) I decline this appointment for the reason checked below. I understand that if I decline this appointment for any reason, or if my temporary inability is not satisfactorily explained, my name may be removed from the eligible list.

    (   ) Location of appointment

    (   ) Insufficient compensation offered. The minimum salary I will accept is $_____

    (   ) Interested in full-time permanent employment only

    (   ) Interested in part-time employment only

    (   ) Temporarily unable to accept due to *(please provide a detailed explanation below)*

    _____

    _____

Print Name:_____   Signature:_____

Email Address:_____   Contact Number:_____

Date:_____