

Lewis-Clark State College Affirmative Action Office

**REPORT OF HIRE**

Date:

PCN #:

Title and/or Rank:

Department:

Total # of Applicants:

List below all candidates to whom the position was offered:

Name	Date Position Offered	Date Position Accepted	Date Position Rejected
1.			
2.			

I hereby certify that the hiring process was equitable on the basis of race, age, color, religion, national origin, sex, and disability and that **the applicant pool from ApplicantPro has been placed in the Affirmative Action File.**

**Electronic Routing/Approval:** (date and approval signature stamp)

<b>Search Committee Chair</b>	<b>Affirmative Action Officer/HRS</b>