



### 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
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1.

2.

I hereby certify that the hiring process of LC State is equitable on the basis of race, color, religion, age, sex (including gender identity, sexual orientation, and pregnancy), national origin, physical or mental disability, protected veteran status, genetic information, or any other status protected under applicable federal, state or local law.

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

Search Committee Chair/Hiring Manager	Human Resource Services