



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HUMAN RESOURCES**

Criminal Record Check Request Form

Division/Facility/School Name _____

Date _____

Requested Work Unit/class/position to be added:

Note: (one request per form). If unit, list all positions in unit

Agency Justification: (Briefly state the reason(s) to support adding the work unit/class/position to the list. Use additional sheets if needed.) _____

Human Resource Director _____
Signature/Date

Division/Facility/School Director _____
Signature/Date

Note: Use one (1) form for each classification.

Send completed copy to:

**Employee Safety and Benefits Section or
fax to 919-715-0991**