



Appendix 3-N
Form "A" Recommended Appointment to Agency, Board or Commission

Name of Agency, Board or Commission _____

Title of Position for Appointment _____

Authority for Appointment _____

(Please cite statute, regulation, etc. by title and refer to relevant section.)

Particulars of Recommended Appointee

Name _____

Address _____

Telephone: Bus. Res. Other _____

(Please specify - fax, cottage, car)

Is this a reappointment? Yes No Number of previous terms served: Number of previous years served: _____

Nature of Duties _____

(Brief description)

Qualifications _____

(Refer to expertise and representation (i.e. culture, gender, ethnic, regional) required for position, and specific qualifications of recommended appointee. Attach résumé, if available.)

Current Composition of Agency/Board/Commission _____

(Where relevant identify gender, regional representation, etc., experts or persons with experience similar to the applicant.)

If candidate for appointment has been nominated by an organization _____

(Please indicate details.)

If request is for Governor in Council approval of appointment made by another organization _____

(Please indicate details.)

Term of Appointment _____

Date (beginning)

Duration (length)

Time commitment expected _____

(Number and duration of meetings, etc.)

Remuneration _____

(Specify whether already set or new recommendation.)

This Appointment is recommended subject to approval by the Human Resources Committee of the House of Assembly.

Date

Minister

This Appointment is recommended subject to approval by the Human Resources Committee of the House of Assembly.

Date

Executive Council

This Appointment is approved by the Human Resources Committee of the House of Assembly.

Date

Chair