

Lead Panel Member - LABOR Interview Reporting Form

(Please compile all panelist comments and submit completed forms to OHR for approval)

CLASSIFICATION AND GRADE/STEP: _____

DIVISION OFFICE AND ADDRESS: _____

Maryland Department of Labor: _____

	APPLICANT (LAST NAME, FIRST NAME, MIDDLE INITIAL)	AGE			INTERVIEW		H I S P A N I C	O R L A T I N O	R A C E	S E X	RANK	DECISION / OUTCOME EXPLANATION OR REMARKS: <i>(Comments must be quantifiable from the MS22)</i>		
		A	B	C	A	B								
		B E L O W 40	40 T o 70	O V E R 70	DATE (M/STEP O/DA)	C H O W L O N G								
1														
2														
3														
4														
5														
6														
7														
. PANEL MEMBER:		TELEPHONE NUMBER			. DATE REPORTED			TOTAL NUMBER OF ELIGIBLES SCREENED						
											PAGE:		OF:	