POSITION MANAGEMENT ACTION REQUEST

Date of Request: _____ **Location: _____**

New PD _____ Current PD _____ Length of Vacancy_____

Does the Request Action:	**Yes**	**No**
a. Fill a vacancy	___	____
b. Promote an incumbent	___	____
c. Create a new position	___	____
d. Require a reorganization	___	____
e. Change a position description	___	____
f. Other	___	____

Position Description and/or all supporting documents must be attached to this request.

Position _____Series_____Grade_____

Name of employee if an incumbent position _____

Supporting Documentation Required:

- **Is there a mandated requirement for this position(s)? Yes ____ No___ (If yes, site the guidance or instruction**.)
- **Justify the requested action**. (**Pertinent workload data**, **benefits, possible negatives, trade-offs opportunities, legal aspects, timing, urgency, etc.)**
- **What is the impact and alternatives if this action is not approved?**

Routed to:	**Signature:**	**Date:**
Supervisor	_____	_____
Department Head	_____	_____
Director	_____	_____
Fiscal	_____	_____
Manpower	_____	_____
Human Resources	_____	_____

Fiscal review:

Cost to end of year_____ Funding Availability: _____

Annualized Cost $_____ Incentives Costs/availability: _____

*Within FTE Authorization? **Yes ___ No___** If replacement, Grade/Step/Salary of previous staff:

_____

CO Approval: Yes ___ No___

_____

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