POSITION MANAGEMENT ACTION REQUEST

1. Date of request:_____

2. Department:_____

3. Does the requested action:

a. Fill a vacancy? Yes No
How long vacant?_____

b. Promote an incumbent? Yes No
Date incumbent started new duties _____

c. Create a new position? Yes No

d. Require reorganization? Yes No
If required from a reorganization,
date reorganization was approved_____

e. Change a position description? Yes No

f. Other _____

_____

4. Position Title: _____
Series:_____Grade: _____, or if
change is requested, Recommended Position Title:_____
Series: _____Grade:_____.

5. Is there a mandated requirement for this position(s)?
(If yes, cite reference, e.g., JCAHO) Yes No

6. Justify the requested action. (Benefits, possible negative trade-offs, opportunities, legal aspects, timing, urgency, etc.)

7. What are the alternatives and impact if this action is not approved?

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8. Submitted by: _____ Date: _____
Department Head

9. Endorsed by: _____ Date: _____
Director

10. Command Evaluation Office
Signature:_____ Date: _____

11. Human Resources Department

Signature: _____ Date: _____

12. NAS Whidbey Island Human Resource Office

Signature: _____ Date: _____

Specifics of the Review:

13. Fiscal Impact: _____

Cost to end of year: _____

Annualized Cost: _____

Funding availability? Yes No

Signature: _____ Date: _____

14. Board action: Approved / Disapproved

Deferred to: _____ Date:_____

Additional Information Required: _____

_____

_____

15. Position Management Officer

Signature:_____ Date: _____

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