
PERMANENT FINANCE PLAN and LIMITED DURATION PLAN REQUEST TRANSMITTAL CHECKLIST

(Use as first page in packet)

AGENCY NAME: _____ AGENCY NUMBER: _____
SABR COORD: _____ PHONE NUMBER: _____
DATE: _____

Please check the following boxes indicating the processes and documents that are included with this Permanent/Limited Duration Finance Plan request.

- Cover memo supporting the plan that addresses the following elements:**
 - Problem definition (what has changed since the Legislatively Adopted Budget was approved?)
 - Alternatives considered, such as reducing duties, working out of class, etc.
 - Proposed solution
 - Expected outcomes
 - How does this action fit with the agency's long-range, strategic staffing plan?
 - Are the positions proposed for demotion, elimination/abolishment, or reduction in months, vacant? (please provide explanation)
 - Are the positions being abolished vacant and if not vacant, please provide explanation.
 - What will the agency do if this permanent finance plan is not approved?

- Finance Plan**

- Position Classification Review(s)** *(only needed on reclassifications and establishments)*

- Organization Chart**

- DAS CHRO's Classification & Compensation Unit's authorization/ review memo** *(only needed on reclassifications and establishments)*