

REQUEST TO FILL POSITION

DATE: _____ **Required Attachments:** _____ **Position Description with changes highlighted and signed by Supervisor**
Organizational Chart

CONTACT INFORMATION

Supervisor Name: _____ Phone: _____ Extension: _____
Program Manager Name: _____ Phone: _____ Extension: _____

POSITION INFORMATION

Number of Vacancies: 1 _____ RDC: _____
2 _____
Other _____

Classification: _____ Position Number: _____

Classification Number: _____ Work Location (City): _____

Working Title: _____

Limited Duration: Yes _____ End Date of Assignment: _____
No _____

Double Fill: Yes _____ Justification: _____
No _____

ANNOUNCEMENT INFORMATION

Announcement Duration:	Two Weeks	Recruitment Category:	Agency Promotion	Position Type:	Full-time
	Three Weeks		Open Competitive		Part-time
	One Month		Statewide Promotional		Seasonal
	Open Until Further Notice		Other - Define in Notes Section		
	Other				

 ***The Program Manager signature below indicates having legal authority to expend assigned funds for this request and that funds and limitation are available.*** 

Program Manager: _____ Date: _____

Director (if applicable): _____ Date: _____

 **NOTES** Additional comments or questions: _____

APPOINTING AUTHORITY SIGNATURE INDICATES APPROVAL OF REQUEST

APPOINTING AUTHORITY SIGNATURE _____

DATE _____

**Objects in RED indicate required field responses.*