|  |  |
| --- | --- |
| Department |  |
| Division/Component: |  |
| Date: |  |
| Prior ADN(s): |  |

**Position Details:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PCN**  **or Tracking number** | **Position Title** | **Range** | **Location** | **Position Type (FT, PT, NP)** | **Vacant or Filled** | **Start Date** | **End Date** |
| Current Status |  |  |  |  |  |  |  |  |
| Requested Change |  |  |  |  |  |  |  |  |

**Action(s) Requested:**

|  |  |
| --- | --- |
| **OMB Approval required**\*\*\***:**  Establish new permanent position  Reclassification up of three (3) or more ranges  Location change for filled position  Position transfer between departments  Establish new or extend temporary exempt position  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Position Status: (check one)  Classified  Partially exempt  Fully exempt  For exempt and partially exempt position(s), cite the statute or action that authorizes the position:  Statute AS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Administrative Service Director or Commissioner Approval required**\*\*\***:**  Establish new non-permanent position greater than  120 days  Establish short-term non-permanent position  \*Extend expiration date of long-term non-permanent position\*\*  Reclass existing permanent position two-range  increase or less  Location change for vacant position  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\* The department must document the business reason why an extension is necessary. Short-term positions may not be extended.

\*\* Non-permanent positions may not be reclassified.

**Position Costs:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ABS Fund Code** | **Fund Name** | **Current Cost** | **Projected Cost** | **Difference** |
|  |  |  |  |  |
|  |  |  |  |  |

* Is sufficient funding available in the current budget authorization?

Yes No

Explain how position change will be funded:

* Is there a change in the geographic differential associated with this request?

Yes No

What is the percentage increase/decrease?

* If deletion, how will the department use the budgeted funds for this position?

**This request is a part of:**

|  |  |
| --- | --- |
| Authorized scenario  Management Plan scenario  Governor scenario | Governor Amended scenario  Other |

1. **Why is this request necessary?** What core service(s) are affected?
2. **How will the existing workload change if this request is approved?**
3. **What will happen if this request is denied?**
4. **Is this position change reflected in the personal services module?**

Yes, reflected in current scenario.

No, will be reflected in the next scenario.

No, will not be budgeted in ABS. Reason:

1. **If extending a non-permanent position expiration date, how many times has this position been extended?**
2. **How many positions have been vacant for one year or longer in the department?**
3. **Why is reclassification of an existing position not an option?**

Department/Agency/ASD Approval+:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Date Printed Name

(No standing delegation.)

|  |
| --- |
| OMB Approval+: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/Date |

|  |
| --- |
| Chief of Staff Approval\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (if required) Signature/Date |

+ Refer to the RP Manual

OMB Approval is valid for twelve months from the date approved.

\* Refer to the Travel and Hire Authorizations Memo dated July 15, 2022.

Documentation attached that supports request, as applicable:

* Organizational Chart – showing changes from current to proposed
* Division of Personnel and Labor Relations Online Position Description (OPD) current position information and position history printout
* Any prior related approval memos/forms
* Enacted Fiscal Note authorizing position
* ABS – Personal Services Detail for PCN
* ABS – Change Record Detail with Description
* ABS – Personal Services Vacant PCN (1087) report – one year range report (department)