AGENCY HIRING REQUEST

AGENCY INFORMATION

Agency name: _____ **Agency code:** _____

Agency authorized position level: _____ **Number of positions currently filled:** _____

Position Information

Role/work title: _____ **Position number:** _____

Annual salary and benefits: $ _____ **Funding sources:** _____

Number of <u>funded</u> positions in same function: _____ **Number of <u>filled</u> positions in same function:** _____

Put an X where appropriate:

Position is: _____ **Full-time** _____ **Part-time**

Position is: _____ **Salaried** _____ **Wage**

Position is: _____ **New** _____ **Vacant** **If vacant, how long vacant?** _____

Position is: _____ **Continuous recruitment** **If checked, no. of positions requested** _____

Position is: _____ **Direct service in public safety, patient care or public health**

Why does the position need to be filled?
_____

What alternatives have been considered?
_____

What is the impact if the position is not filled?
_____

SIGNATURE

There are adequate funds in the agency's budget to pay for both the short- and long-term impact of filling this position.

_____   _____
Agency head's signature   *Date*

CABINET SECRETARY ACTION

_____ **Approved as requested**

_____ **Approved as modified:** _____

_____ **Denied**

_____   _____
Secretary signature   *Date*