## REQUEST FOR GOVERNMENT CODE 12439(b) VACANT POSITION REESTABLISHMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Request Date: |       |  | Request Number: |       |
|  |  |  |  |  |
| Department Org Code: |       |  | Department Name: |        |
|  |  |  |  |  |
| Agency Org Code (if applicable): |       |  | Agency Name (if applicable): |       |
|  |  |  |  |
| Does this request include attachments? Yes [ ]  No [ ]  Please indicate the total number of pages:        |
|  |  | (including this form) |  |
|  |  |  |  |
| **A. Type of reestablishment (Mark all that apply):**  |  |  |  |
|  | [ ]   | (b)(1) Hiring Freeze |  [ ]  | (b)(4) Classification Designated as Hard-to-Fill |
|  | [ ]   | (b)(2) Diligently Attempted to Fill |  [ ]  | (b)(5) Late Budget Enactment Delayed Filling |
|  | [ ]   | (b)(3) Designated Management Position |  |  |
|  |  |  |  |  |
| **B. Reason for reestablishment(s):** |
|       |
|  |
| **C. Consequence if reestablishment(s) not granted:** |
|       |
|  |
| **D. Position Data:** |  |
|  Position Number(s): |       |
|  Classification Title: |       |
|  Salary Range: |      -      |
|  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Person:** |       | **Telephone Number:** | (   )    -     ext.     |
|  | (type or print) |  |  |

**E. Signature:**As department director, or his or her designee, I certify that the above requested action and supporting information is true and accurate. |
| Department[ ]  Approved [ ]  Denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Director/Date | Agency[ ]  Approved [ ]  Denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency Secretary/Date | Department of Finance[ ]  Approved [ ]  Denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Budget Manager/Date |