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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Request Date: | | |  | | | |  | Request Number: | | | | | |  | | | | | | |
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| 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) | | | | | | | | | | | | | |  |
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| **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):** | | | | | | | | | | | | | | | | |
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| **C. Consequence if reestablishment(s) not granted:** | | | | | | | | | | | | | | | | |
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| **D. Position Data:** | | | | | | | | | |  | | | | | | | | | | | |
| Position Number(s): | | | | | | | | | |  | | | | | | | | | | | |
| Classification Title: | | | | | | | | | |  | | | | | | | | | | | |
| Salary Range: | | | | | | | | | | - | | | | | | | | | | | |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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 | | | | | | | | |