

CERTIFICATION REQUEST/REPORT

CLASS APPROVAL DELEGATED YES NO ATTACHMENTS: Supv. Pos. Analy. Pos. Des. Org. Chart Tm. Prog. RAP Exam Plan HAM/RMR AGENCY REQUEST No.

TYPE New Position Replace-Same Duties Replace-Changed Duties Kind of Register OPEN UNIT CP AGCP SWCP SYCP Name of Agency and Employing Unit

Position No. Surplus Code Sec Level Dist % Time Worked Organization Code Employment Type 01-Permanent 02 Seasonal 03-Sessional Emp. Unit Code HAM RMR Ind

Room No. Street or Bldg. City State Work Zip County 05-Proj. (proj. appt.) 06-Proj. (perm proj.) Budgeted Position Type

Class Code Extender JA Code Class Title Requested Approved Sub Title BU Sched Range EEO Cat Job Gp % (FTE) Budgeted

POSITION DOWNGRADED FOR DEVELOPMENTAL PURPOSES Name of Last Incumbent Class Termination Date

Comments W2 Hire Human Resources/Personnel Office Contact Name Yes No Area Code Phone Number

CERTIFICATION ATTACHED Request to Initiate Action - Signature of Appointing Authority Date Approvals - Budget Training Class BMRS

REPORT OF HIRE TYPE New Original Appt. Promotional Appt. Transfer Reinstatement Demotion Project Appt. Car. Ex.

NAME - Last Jr/Sr, First, Middle Initial Home Address - Street City State Zip

Area Code Home Phone No. ADDITIONAL CERTIFICATION Vets Pts. DEC MEC WEC Approval for Hiring by DPM BMRS Date

PAYROLL AUTHORIZATION

Trans Cd Action Cd SSN Agency No. Appt # Eff Date Cont. Serv Start Date Cont. Serv Adj. Start Date Lv Agy No. Prim Sec Lv Home County

Mailing Addr-PO Box City State Zip Pay Disp Check Sort Lv Sort Emp Free Space

Sex Birthdate Marital Disability Ethnic Vet Status Bank Transit # Account # Acct Type Proj End Date Emp Stat Red Circle

Work Schedule Lv Alloc Hol Stat Area Code Work Phone Start Date Pres Class Prob/Trng Stat Prob/Trng End Date 6 Mo Inc Date Prob/Trng Eval Date

Local # B/U Eff Date Retirement Cat Base Pay Type Base Pay Amt OT Stat Suppl Pay Cd Suppl Pay Amt Standby Specialty

Appt Free Space Old Base Pay Fund Org Sub Org Appr. Activity Function Object Sub Obj Rpt. Cat. Project Percent

RECORD Y/N Empl Rec Transfer From Agency # 3011 3012 3013 3014 3015 3016 3017 3018 3019 3020

DEDUCTION Y/N Tax Health Ins Life Ins 3021 3022 3023 3024 3025 3026 3027 3028 3029 3030

SIGNATURE OF APPT. AUTHORITY FOR PAYROLL AUTHORIZATION Date Trans Cd Fed-Marital Exemptions FICA Elig. State-Marital Exemptions Trns Cd GTN Amount Payee Cd