



REQUEST TO USE RELATED REGISTER

Classification Title of Vacancy (including working title):	Job Group:	Is the Classification Underutilized for: Minorities? <input type="checkbox"/> Yes <input type="checkbox"/> No Women? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency:	Contact Person:	Phone No.:
Related Register Information:		
Title: _____		
Number: _____ - _____ - _____	Agency: _____	
Creation Date: _____	Expiration Date: _____	

CHECKLIST TO DETERMINE WHETHER A RELATED REGISTER IS APPROPRIATE

1. Inspect the rated Position Descriptions (PDs) for both the original and vacant positions along with the Job Analysis and the assessment(s) (including benchmarks and scoring criteria if applicable) for the original recruitment. Is the assessment for the original register job related to the vacant position? ** (see NOTE below) Yes No
 2. Is the pay range (PR) for the vacant position at the same level or within two PRs or one broadband lower than the original register? Yes No
- =====
- If no to either 1 or 2, stop here. Related register usage is not appropriate. If yes to both, please proceed with the evaluation.*
- =====
3. Scope and quality of the original recruitment results: Did the original recruitment effort produce high quality, well-diversified results? Yes No
 4. Composition, quality, and age of the remaining register: Does the original register still contain numbers of well qualified candidates, including affirmative action group members, sufficient to meet current needs? Yes No
 5. Delays and costs associated with new register establishment activities: Would the business and programmatic advantages gained by using a related register offset the disadvantages associated with establishing a new register? Yes No
 6. Similarity of applicant pools and reasonable public notice: Would the original announcement be sufficient to attract the same or highly similar applicant pool (for instance, publicized the same or similar job requirements, responsibilities, duties, organizational size, setting, mission, purpose, geographic area)? Yes No
 7. Are there any other relevant factors you believe we should know about (e.g., supervision received, number of positions open, licensure, etc.)? List and describe them below or in a separate letter as necessary.

Additional Approval Rationale (Please be brief):

Recommended By:

 Agency HR Manager or HR Specialist Signature & Date

Approved Denied by BMRS/Agency Approval Authority

 BMRS/Agency Approval Signature & Date

** NOTE: If this is a non-delegated request, please send the completed form and all items listed under 1. to BMRS.