

Justification to Fill

Authorization is required to fill the following position:

Department Name

Agency Name

Budget Account #

PCN

FTE

Grade Level

Class Code

Class Title

Salary Range of Position

Position Location

Name of Position Supervisor

Supervisor's Telephone #

Briefly describe
the main
purpose of this
position

If this position
has IT related
duties, please
state types of
duties and
percentage of
time spent on
these duties.

Is this position critical to the following?

Public Safety

Direct care

Essential Services

Position generates revenue for the state

Justification to Fill

Date position became vacant

If vacant for more than 30 days, please explain

How did the position become vacant?
(termination, transfer, retirement, etc.)

Reason for the urgency to fill and the consequences of not filling the vacancy

Position Funding Sources

General Fund	%	Fees	%		
Highway Fund	%	Other Funding	%		
Federal Funds	%	Other Funding	%	Total	%

Department Director Approval

Name Email

Title Date

IT Panel Approval

Name Email

Title Date

Budget Officer Approval

Name Email

Title Date

Governor's Office Approval

Name Email

Title Date

PLEASE EMAIL THE COMPLETED FORM TO YOUR ASSIGNED BUDGET OFFICER