

Request for SCS Director Approval to Fill

Vacancies Prior to Election for a Statewide Office

*Est. 10/2023*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SCS Rule 22.2 requires an appointing authority to obtain the Director’s approval before making a permanent appointment to any job at or above MS-524, AS-623, SS-422, PS-120, WS-223, or TS-319 between the date of any election for a statewide elected office and the date the elected official takes office. The Director may exempt jobs from this requirement.**  **This form serves as the official request document for agencies to use when submitting a request to the SCS Director per SCS Rule 22.2.** | | | | | | | |
|  | | | | | | | |
| **SECTION 1: REQUEST INFORMATION** | | | | | | | |
| REQUEST DATE | AGENCY NAME | | | | | PERSONNEL AREA CODE | |
| JOB TITLE | | | | PAY LEVEL | | POSITION NUMBER | |
| REQUESTED EFFECTIVE DATE | | | | | | | |
|  | | | | | | | |
| **SECTION 2: POSITION INFORMATION** | | | | | | | |
| POSITION NUMBER | | JOB TITLE | | | | | PAY LEVEL |
| **Is this position currently vacant?** | | | | | | | **YES  NO** |
| **If vacant, please list last holder of this position and the date it was vacated.** | | | | | | |  |
|  | | | | | | | |
| **SECTION 3: EMPLOYEE INFORMATION** | | | | | | | |
| EMPLOYEE NAME | | | EMPLOYEE PERSONNEL NUMBER | | | | |
| CURRENT JOB TITLE | | | | | CURRENT PAY LEVEL | | |
|  | | | | | | | |
| **SECTION 4: JUSTIFICATION**  ***The agency may attach a separate document including additional justification/reasoning for the request, if needed.*** | | | | | | | |
| **Please provide details on the reason why the vacancy needs to be filled by permanent appointment at this time.** | | | | | | | |
|  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **AGENCY CONTACT INFORMATION** | | | |
| **Signature of Appointing Authority or Designee** | | | **Date** |
|  | | |  |
| **Name of Appointing Authority or Designee** | | **Title of Signee** | |
|  | |  | |
| **Human Resources Contact Information** | | | |
| **Name** |  | | |
| **Email Address** |  | | |
| **Phone Number** |  | | |

|  |  |  |
| --- | --- | --- |
| **FOR STATE CIVIL SERVICE USE ONLY** | | |
| **Signature of State Civil Service Director or Director’s Designee** | **APPROVED** | **DENIED** |
| **Approval Date** | |
|  |  | |
| **SCS Comments** | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |