|  |  |  |  |
| --- | --- | --- | --- |
| **1. General information** | | | |
| **Agency Name** |  | | |
| **Major Agency Code** |  | **Personnel Area Code** |  |
| **Job Title** |  | | |
| **Position Number\*** |  | | |

**\*** Please attach a current position description for the position listed above.

|  |
| --- |
| **2. Requested Supplemental Qualification (filled out by requesting agency):** |
|  |

|  |  |  |
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| **3. State Civil Service Recommendation (filled out by State Civil Service)** | | |
| **Supplemental Qualifications Approved as Submitted?** | **Yes** | **No** |
|  |  |
| **Revisions Needed?** |  |  |
| **Revised Supplemental Qualification:** | | |
|  | | |
| **Revisions Approved?** |  |  |

|  |  |
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| **4. State Civil Service Approval** | |
| **Consultant/Supervisor Signature** | **Approved Effective Date** |
|  |  |