



DEPARTMENT OF TRANSFORMATION & SHARED SERVICES
Office of Personnel Management
Intent to Fill/Incumbent Discretion Request

Date	Business Area	Department	Request Type
Position Number		Division	City/Location
Class Code	Job Title		Grade
Vacated by		Personnel #	Date Vacated
Reason Vacated		Anticipated Annual Cost of Action:	

Program Responsibilities of Position

Justification (if Intent to Fill, include what will occur if position remains unfilled)

Department Contact Name	Email	Phone

By signing this document, I certify that sufficient agency funds are available to support this request without impacting other programs or services. I also acknowledge that funding for this action will not be made available from the Performance Fund.

**Secretary /Agency Director/
 Chief of Staff Signature:**

Approved Denied

OPM Administrator Signature Date

Approved Denied

TSS Secretary Signature Date
 Revised (11/22/19)