



Department of Transformation and Shared Services
 Office of Personnel Management
 Intent to Fill Request

Date:

Department:

Division:

Business Area:

Position Number:

City/Location:

Class Code:

Job Title:

Grade:

Vacated by:

Personnel #:

Date:

Reason:

To be completed only if applicable:

Hire Name:

Career Service Date:

Rehire of Retiree

Current Grade:

Current Salary:

Anticipated Salary:

Program Responsibilities of Position

Justification (please include what will happen if position remains unfilled)

Department Contact Info:

Name:

Email:

Phone:

By signing this document, I certify that sufficient department 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/Director/Chief of Staff

Date

Approve

Deny

OPM Director

Date

Approve

Deny

TSS Secretary

Date