



Department of Transformation and Shared Services
 Office of Personnel Management
 Directors Discretion Request

Date:

Type of Discretion:

Department:

Division:

Name:

Career Service Date:

Personnel #:

Current Grade:

Current Salary:

Anticipated Salary:

Business Area:

Job Title:

Class Code:

Position #:

Last Salary Increase Date:

Type of Last Increase:

Program Responsibilities of Position

Justification (please additional duties/responsibilities)

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

Date

Approve

Deny

OPM Director

Date