



Department of Transformation and Shared Services
 Office of Personnel Management
Hiring Freeze Request

Please note: An organizational chart must be submitted showing the placement of this position Date:

Department: _____ Division: _____
 Business Area: _____ Position Number: _____ City/Location: _____
 Class Code: _____ Job Title: _____ Grade: _____

To be completed only if applicable:

Hire Name: _____ Career Service Date: _____ Rehire of Retiree _____
 Current Grade: _____ Current Salary: _____ Anticipated Salary: _____

Responsibilities of Position. *Copy of job description is not acceptable and will be returned as incomplete.*

Please be specific answering the following: 1) can this position's duties be absorbed by current staff (if no, explain in detail); 2) what will happen if position remains unfilled; and 3) how does this request fit within your efforts to streamline

Number of positions in this classification that are authorized / filled _____ / _____

Turnover rate for this classification: _____ % Date the position was vacated (mm/dd/yyyy): _____
 (within the previous one year)

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.

Department Secretary _____ Date _____

Approve Deny OPM Director _____ Date _____