

This form must be completed for **all** Request for Personnel Actions (RPA) and must be signed by the Office of Fiscal Services (OFS) **prior** to submitting the RPA request in Tracker.

If this position is eligible for [pay differential](#) – special additional pay recognizing unusual competencies, circumstances, or working conditions applying to some or all incumbents in select classes – Section 2 must be completed.

Once you have completed Sections 1, 2, and 3, attach it to an email and send it to your [program's OFS Budget Analyst](#) with a copy to the Budget Analyst's Manager.

Once it is returned to you **signed**, submit this form along with the other RPA documents. Please note, this form expires **60 calendar days** after it is signed by OFS.

This form is **NOT** required on RPAs fitting the following criteria:

1. Miscellaneous changes such as staff reassignments
2. Backfill previously-established\* Custodian I positions

\*New Custodian I positions (i.e. not backfills or are for a new facility) are required to go through the budget approval process and must be approved by OFS.

### SECTION 1 – POSITION INFORMATION

RPA NUMBER	PROGRAM	REQUEST TYPE
CURRENT POSITION NUMBER	CURRENT CLASSIFICATION	DATE POSITION LAST VACANT
PROPOSED POSITION NUMBER	PROPOSED CLASSIFICATION	MAX SALARY OF PROPOSED CLASSIFICATION**

\*\*If the proposed classification has a max salary of over \$11,258, this requires Department of Finance approval.

### SECTION 2 – MISCELLANEOUS CHANGE/OTHER

Is this position eligible to receive pay differential?      YES      NO

If yes, identify and describe the applicable pay differential:

### SECTION 3 – JUSTIFICATION

1. Describe the business need; include the nature of the request (e.g. backfill, mandatory reinstatement):

2. Describe the financial detail to demonstrate the program has sufficient funds to support the position:

3. Describe the work (i.e. duties) that will be performed by this position:

4. Describe the consequences if this request is not approved:

### SECTION 4 - OFFICE OF FISCAL SERVICES

By signing below, I am certifying the program has sufficient funds to support the position.

DATE REQUEST RECEIVED	REQUEST APPROVED BY	TITLE	DATE
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