

RPA NUMBER (Provided by OHR)

SECTION 1 - REQUEST INITIATED BY

CLIENT AGENCY NAME	UNIT	COUNTY
CLIENT AGENCY STREET ADDRESS	CITY	STATE ZIP
NAME OF RPA CONTACT	TITLE	WORK TELEPHONE NUMBER

SECTION 2 - POSITION ACTION REQUESTED

Check appropriate boxes. All actions require completion of Section 3. (*Complete justification memo required)

RECLASS AND FILL*	REDIRECT POSITION*
PROMOTION-IN-PLACE*	BACKFILL – CHANGE IN DUTIES*
NEW POSITION*	BACKFILL – NO CHANGE IN DUTIES OR SUPERVISOR
TRAINING AND DEVELOPMENT (T&D)*	OTHER:

SECTION 3 - CURRENT POSITION IDENTIFICATION

CURRENT CLASSIFICATION TITLE	WORK DAYS	WORK HOURS
TENURE	TIME BASE	
CURRENT POSITION NUMBER	CURRENT INCUMBENT (IF VACANT, SPECIFY PREVIOUS INCUMBENT)	

SECTION 4 - PROPOSED POSITION IDENTIFICATION

(To be completed for Reclassifications, Promotions in Place, and changes to Unit Number, Shift, Tenure, or Time Base)

PROPOSED CLASSIFICATION TITLE	WORK DAYS	WORK HOURS
TENURE	TIME BASE	
PROPOSED POSITION NUMBER	PROPOSED INCUMBENT (IF KNOWN)	EFFECTIVE DATE

SECTION 5 - REQUEST SUMMARY

SECTION 6 - ATTACHMENTS

Check applicable documents included in package.

JUSTIFICATION	DUTY STATEMENT	BUDGET APPROVAL	JOB CONTROL REPORT
OATH (EXEMPT ONLY)	ORGANIZATION CHART	EXEMPT POSITION REQUEST	

SECTION 7 - AUTHORIZED BY

I certify the information above is accurate and authorize the request.	DATE
--	------