

SECTION 1 – EXAMINATION INFORMATION

DIVISION

OFFICE

EXAMINATION CLASSIFICATION

CLASSIFICATION CODE

EXAMINATION FISCAL YEAR (FY)

PROPOSED QUARTER

☐

1ST QTR
(July- Sept)

☐

2ND QTR
(Oct-Dec)

☐

3RD QTR
(Jan-Mar)

☐

4TH QTR
(Apr-Jul)

SECTION 2 – POSITION INFORMATION

OF POSITIONS

OF CURRENT VACANCIES

OF ANTICIPATED VACANCIES

SECTION 3 – EXAMINATION ADMINISTRATION REQUESTED

Mark only one:

☐ DGS – No Cost, Continuous Filing, Monthly Testing

☐

CALHR – High Cost, Continuous Filing, Continuous Testing

SECTION 4 - JUSTIFICATION

Mark all that apply:

- ☐ ANTICIPATED RETIREMENT(S)/VACANCY(IES)
- ☐ DIFFICULT TO RECRUIT CLASSIFICATION/UNABLE TO FILL CRITICAL VACANT POSITIONS
- ☐ NEW POSITIONS TO BE ESTABLISHED BUT NO LIST TO MAKE APPOINTMENTS
- ☐ NO APPROPRIATE LIST (CONFIRMED WITH CLASSIFICATION AND CERTIFICATION UNIT)
- ☐ OUT-OF CLASS ASSIGNMENTS(S)
- ☐ NO CURRENT/ACTIVE LIST
- ☐ OTHER (Provide justification and explanation for exam in Section 5)
- ☐ PROMOTIONAL CANDIDATES READY TO ESTABLISH LIST ELIGIBILITY (No current vacancies but anticipate vacancy/vacancies in the upcoming FY)
- ☐ PROMOTIONAL CANDIDATES READY TO ESTABLISH LIST ELIGIBILITY (No current vacancies)
- ☐ PROMOTIONAL CANDIDATES READY TO PROMOTE IN PLACE AND NEED TO ESTABLISH LIST ELIGIBILITY
- ☐ TEMPORARY AUTHORIZATION UTILIZATION (TAU)
- ☐ TRAINING AND DEVELOPMENT (T&D)

SECTION 5 – EXPLANATION OF JUSTIFICATION ABOVE

Include relevant business needs and background information including but not limited to anticipated date(s) of retirements/vacancies (if known), approved reorganization, OOC/T&D/TAU expiration date(s), pending BCPs, reason(s) for recruiting difficulties, etc.

SECTION 6 – CONSEQUENCES IF EXAMINATION IS NOT APPROVED

SECTION 7 – REQUEST PREPARED BY

NAME	WORK EMAIL ADDRESS	WORK PHONE NUMBER
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SECTION 8 – PROGRAM SIGNATURE

OFFICE CHIEF/DEPUTY DIRECTOR NAME	SIGNATURE	DATE
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SECTION 9 – FOR OFFICE OF HUMAN RESOURCES

EXAM DETAILS	JOB ANALYSIS NEEDED BEFORE EXAM ADMINISTRATION
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<input type="checkbox"/> Servicewide	<input type="checkbox"/> Department Specific	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If Servicewide, other user departments

REQUEST STATUS

☐ APPROVED ☐ DENIED

IF APPROVED, QUARTER

☐ 1ST QTR ☐ 2ND QTR ☐ 3RD QTR ☐ 4TH QTR

IF DENIED, REASON:

EXAMINATION MANAGER SIGNATURE

DATE