



State of Vermont
Department of Human Resources
120 State Street
Montpelier, VT 05620-3001
humanresources.vermont.gov

Agency of Administration

Request for Hiring Approval

On April 15, 2020, the State of Vermont implemented a statewide hiring freeze applicable to all vacant and soon to be vacant classified, exempt, and temporary positions. The hiring freeze remains in effect, but certain positions will be considered for hiring approval on a case by case basis.

Instructions

Any agency/department seeking approval to hire as an exception to the hiring freeze must complete this form in its entirety, provide all requested information, and gain all necessary approvals. Any request must meet all three of the below eligibility requirements for the request to be considered by the Agency of Administration. Please do not submit this form if those conditions are not met.

Such requests must meet the following conditions to be considered:

1. The position is: (1) required by law, (2) is critical to meet an applicable standard of care, (e.g. professional responsibilities or facility requirements); (3) is needed because without this position the department's ability to function is either impossible or extremely limited; (4) is a COVID necessity (i.e., the position is needed to directly respond to the COVID-19 pandemic); and/or (5) is revenue generating.
2. There are no other agency/department personnel that can perform this function on a temporary basis; and
3. This agency/department has sufficient funding to cover this position.

All requests will be thoroughly reviewed, scrutinized, and approved internally by the Hiring Manager, Human Resources Manager, and Appointing Authority. If qualified and approved during the internal review, requests will be submitted to the DHR.HiringFreeze2020@vermont.gov by the HR Manager.

Hiring Contact Information

Hiring Contact Name: _____ Hiring Contact Title: _____

Phone: _____ Email: _____ Supervisor: _____

Position Information

Agency/Department/Division/Program: _____

Job Title: _____ Pay Grade: _____

Position Number: _____ Date of Vacancy: _____

Position Type (Classified, Temporary, Exempt): _____

Is this a permanent, limited-service, or temporary position?

- Permanent
- Limited-service
- Temporary

What are the anticipated hours per week for this position? _____

Total Annual Position Cost (including salary and benefits): _____
Are Position Costs Fully Budgeted?

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Does the department have sufficient funds to cover this position?

- Yes
- No

If the funding source is eliminated, will the position be subject to a Reduction in Force, if applicable, or funded through a different source?

- Yes, the position will be subject to a Reduction in Force
- No, the position will be funded through a different source.

Indicate Source of Funds: % General _____; % Federal _____; % Special _____; % Other _____;

(If applicable, provide title/types of federal grants, fees, special funds, and fund balances.)

If applicable, identify whether any of the following funds will be used for this position's costs:

- CRF at _____%
- FEMA at _____%

How does the position fit into department or agency priorities or Governor's Initiatives?

- Grow the economy
- Make Vermont more affordable
- Protect the most vulnerable

Explain:

Hiring Approval Evaluation

1. What is the critical nature of this request? *(check all that apply)*

- The function of the position is required by law.

If yes, provide statutory/regulatory authority: _____

The function of the position is critical to meet a standard of care. If yes, provide applicable standard below:

- Without this position the department's ability to function is either impossible or extremely limited.

If yes, explain in detail in an attachment to this form why the department will be unable to function if this position is not filled.

- COVID Necessity *(the position is needed to directly respond to the COVID-19 pandemic)*

If yes, explain the response:

- Revenue Generating

If yes, enter the following:

Projected Annual Amount: \$ _____

Revenue Source: _____

2. Are there any additional positions that can perform this function?

- Yes, other existing positions can perform this work temporarily

- Yes, other positions can be reclassified to perform this work

- No, the Agency/Department has no other personnel that can perform this work on a temporary basis

Explain:

3. Does this position require professional licensure/certification/specialized training?

- Yes

- No

Explain:

4. What level of process improvement/evaluation has the department performed related to this position?

- Utilized Continuous Improvement Office Resources to assist in evaluating your workload/process
- Utilized internal Green Belt or continuous improvement resources
- Performed no specialized evaluation

Explain any resources, processes, or tools used to evaluate this need and changes made:

5. Who is the customer that is impacted by the position?

- Vermonters—Public
- Internal state resources

Explain the impact of the vacancy on this customer:

6. What is the current vacancy rate for the department/agency for which this position will exist?

(if you need assistance, please contact your business partner and/or DHR Manager _____ %

How does this rate compare with the previous five years?

- Increase
- Decrease
- No change

7. How many positions do you presently have within your division, work unit, or service area for which the position will exist?

(if you need assistance, please contact your business partner and/or DHR Manager).

8. How many positions are vacant within your division, work unit, or service area for which the position will exist?

(if you need assistance, please contact your business partner/or DHR Manager).

Approvals

Hiring Manager

Name of Hiring Manager:

Title:

- I have reviewed this Hiring Approval Request and confirm that, to the best of my knowledge and belief, all information provided in this application is accurate.

Hiring Manager Signature: _____ Date: _____

Human Resources Manager

Name of HR Manager:

Title:

I have reviewed this Hiring Approval Request and determined, based on the information provided, that it qualifies for consideration as an exception to the hiring freeze.

HR Manager Signature: _____ Date: _____

Appointing Authority:

Name of Secretary/Commissioner:

Title:

I have consulted with applicable department staff, including the department’s financial officers, to determine that the representations made are true and correct.

I have reviewed this Hiring Approval Request and determined the following:

The position is required by law, standard of care, is an emergent circumstance, is a COVID necessity, and/or is revenue generating.

There are no other agency/department personnel that can perform this function on a temporary basis; and

This agency/department has sufficient funding to cover this position.

Appointing Authority Signature: _____ Date: _____

AOA REVIEW

Agency of Administration:

Susanne Young, Secretary

Date: _____

Approved

Denied

Resubmit for further consideration on _____ .

Reason for Resubmission: