**State of Vermont**
**Agency of Administration**
**Office of the Secretary**
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*Susanne R. Young, Secretary*

# Request for a New Position from the Position Pool

**Agency/Department Name:**

**Date:**

**Contact Name:**

**Contact Phone #1:** **Contact Phone #2:**

**Contact Email:**

**1) Title of new position:**

**2) Number of the same position requested:**

**3) Current number of total vacancies within your overall agency/department?**

**4) Please provide a thorough explanation as to why you are unable to reallocate these vacancies to meet this need.**

***Agency /Department Name:*** ***Date:***

***Position Title:*** ***# of Positions Requested:***

**5) Plan for Recruitment**

**a) Outline your plan for recruiting and/or filling this position. Keep in mind that this position will return to the pool if not filled within six months.**

**b) How many other positions do you currently have under recruitment within your agency/department?**

**c) Do you anticipate this position will be difficult to fill? Please explain.**

**6) Describe the impact if this request is not approved? What alternative(s) will you use to meet this need?**

**7) How is this position essential to the operations and Governor's initiative?**

**8) Describe the importance this position will play in the work and mission of the agency/department?**

**9) Would you request this position if you knew you could not request any additional positions for the next year?** Choose One **Next two years?** Choose One

***Agency /Department Name:*** ***Date:***

***Position Title:*** ***# of Positions Requested:***

**10) Include a brief list of the major job duties. If a copy of the current Job Specification is attached, please check here**

**11) Explain why this position is needed now. Include information about how this position will support the agency/department's mission and core responsibilities. If this position was identified as part of LEAN, PIVOT, a succession plan, workforce plan, strategic plan, or other formal planning process, please explain.**

**12) If not already addressed, please explain how this position protects vulnerable Vermonters, grows Vermont's economy, and/or makes Vermont a more affordable place to live, work, and do business.**

**13) Will this position help reduce reliance on overtime, temporary workers, and/or contracts? Please quantify this over the new three fiscal years.**

*Agency /Department Name:* *Date:*

*Position Title:* *# of Positions Requested:*

**14) Budget Impact/Costs**

**a) Identify all sources of funding for this position.**

**b) Are you confident the funding stream(s) will continue to be available?**

**c) By adding this position, what is the full impact on the current and next fiscal year's budgets? Please include the following information and check here if you've attached an Excel worksheet detailing this information:** ☐

- **i) Total salary benefit costs, including salary, benefits, retirement, FICA, anticipated overtime, special pay under the contracts, and other applicable costs.**
- **ii) Operating costs, including space, new furniture, workstation components, costs for re-configuring current workspaces, impact on fee for space, and technical costs (computer, phone, hand held devices, etc.).**
- **iii) Any additional costs, such as tools, equipment, vehicles, clothing, boots/shoes, and other work specific gear.**

***Agency /Department Name:*** ***Date:***

***Position Title:*** ***# of Positions Requested:***

**15) An updated organizational chart showing to whom this requested position would report to must be attached to this form. Requests will not be considered otherwise.**

**Please check to indicate inclusion of current organizational chart:** ☐

*I certify that this information is correct and that necessary funding, space, and equipment for the above position is available. I understand that I will be responsible for effective management of this position, including ensuring all coding is up to date in the VTHR system. If this is a limited service position, it is my responsibility to ensure the position end date is up to date in VTHR. Further, I understand I may be required to provide regular reports and presentations showing that this position has met the expectations identified in this request, continues to be affordable within the agency/department budget, and has achieved the anticipated results, or that there is a corrective plan in place.*

**Appointing Authority Name:**

**Title of above named individual:**

**Appointed Authority Signature:**

**Date Approved by Appointing Authority:**

**THE FOLLOWING MUST BE APPROVED BEFORE SUBMITTING REQUEST**
**Request must be approved and signed by the Agency Secretary.**
**For offices that are not part of an agency, the Department Commissioner must sign.**

**Name:**

**Title:**

**Signature of Approval:**

**Date Approved:**

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**For Internal Use Only**

**Request is Approved:** ☐ **Request is approved with the conditions noted below:** ☐

**Request is Denied:** ☐

**Notes:**

**Secretary of Administration Signature:**

**Date:**