



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

Request for a Previously Swept Position from the Position Pool

Agency/Department Name:

Date:

Contact Name:

Contact Phone #1:

Contact Phone #2:

Contact Email:

1) Title of swept position:

2) Swept position #:

3) Why has this position been vacant for six months with minimal/no activity for recruitment or classification?

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

5) Please provide a thorough explanation as to why you are unable to reallocate these vacancies to meet this need. Please check here if additional pages are attached: # of additional pages:

Previously Swept Position Request, Page 2 of 3

Agency /Department Name:

Date:

Position Title:

Position Number:

6) 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 budget?
Please include the following information and check box if you've attached an Excel worksheet
detailing this information:**

i) Outline all associated costs including, if applicable:

- 1) Salary benefit costs (i.e. salary, benefits, retirement, FICA, anticipated overtime, special pay under contracts, etc.).**
- 2) Operating costs specifying cost of each item (i.e. space, new furniture, workstation components, re-configuring current workspaces, impact on fee for space, technical costs such as computer, phone, hand held devices, etc.).**
- 3) Any additional/special costs (i.e. tools, equipment, vehicles, clothing, boots/shoes, etc.)**

Agency /Department Name:

Date:

Position Title:

Position Number:

7) 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:

For Internal Use Only

Request is Approved:

Request is approved with the conditions noted below:

Request is Denied:

Notes:

Secretary of Administration Signature:

Date: