

State of Vermont
Agency of Administration
Office of the Secretary
Pavilion Office Building
109 State Street, 5th Floor
Montpelier, VT 05609-0201
www.aoa.vermont.gov

[phone] 802-828-3322

Kristin L. Clouser, Secretary

Request to Fill an Exempt Position

This form is to be utilized by all Extended Cabinet Agencies and Departments intending to fill a vacant exempt position. The Offices of the State Treasurer, Secretary of State, Attorney General, and State Auditor are not required to complete this process.

Once an Appointing Authority has identified an exempt vacancy they intend to fill, they must obtain prior approval from the Secretary of Administration before creating, converting, appointing (recruiting, filling, interim, double fill), or making an offer for all exempt positions. Approval must be obtained before advertising or making an offer.

Please do not submit salary requests, resumes, or names of candidates with this form.

Once completed, please email this form with the subject line of 'Exempt Position Request/<submitting Agency/Department>/<position name>/<position number>', to DHR.Position@vermont.gov and copy the Secretary of Administration's Office ADM.Secretary@vermont.gov.

Date:

Agency/Department Name:

Contact Name:

Contact Phone:

Contact Email:

HR Field Business Partner Name and E-mail:

Position Number:

- 1) Title of the exempt position to be created, converted, or filled. If this is a converted position request, please provide detail supporting why the conversion is necessary in assisting with the fulfillment of the mission of your organization.

- 2) Legislative authorization for existing exempt position. If the position is new, please cite the legislative authorization and why it was created. For conversions, provide the legislative authorization for the existing and new title. (Please reach out to DHR.Position@vermont.gov for legislative authorization if you are unsure.)

- 3) The budget impact, funding sources, and verification that the exempt position is budgeted for, in the current and proposed budget.

- 4) Explain how the position was utilized in the past and why it is vacant. Describe how the position will be used going forward including major job duties.

- 5) Please attach to this form an updated organizational chart or description showing to whom this requested position would report and any direct reports of the position.



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.

Appointing Authority Name:

Title of Above -Named Individual:

Date Approved by Appointing Authority:

Appointing Authority Signature:

THIS FORM MUST BE APPROVED BEFORE SUBMITTING REQUEST TO FILL

Request must be approved and signed by the Agency Secretary.

For offices that are not part of an agency, the Department Commissioner must sign.

**For Agency of Human Services (AHS) exempt positions, the Secretary of AHS must first approve the request before submission using the information on page one of this form.*

For Internal Use Only

DHR

Recommend Approval ☐

Recommend Revision ☐

Recommend Approval with Conditions Noted Below ☐

Notes:

Date:

Signature:

Secretary of Administration

Recommend Approval ☐ Recommend Approval with DHR Conditions Noted Above ☐

Recommend Approval with Conditions Noted Below ☐ Recommend Revision ☐

Notes:

Date:

Signature:
