

### 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.Positions@vermont.gov](mailto:DHR.Positions@vermont.gov) and copy the Secretary of Administration's Office [ADM.Secretary@vermont.gov](mailto: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.





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: