REQUEST FOR APPROVAL OF 89-DAY APPOINTMENT

Click here to select Date

TO: Ryker Wada, Director

 Department of Human Resources Development

FROM: Click here to enter Name, Director

 Department of Click here to select a Department

SUBJECT: Request for Approval of Click here to enter No. 89-Day Appointment

Pursuant to Act 246, SLH 2016 (HB 2008, HD2 SD2 CD1) approval is hereby requested to make an 89-day appointment in the following position effective Click here to select appointment date.:

Name of Incumbent: Click here to enter Name of Incumbent

Position Title: Click here to enter Position Title

Position Number: Click here to enter Position Number

Department Division/Branch: Click here to enter Div/Branch

Date Position First Became Vacant: Click here to select Date

Length of time position has been vacant: Click here to enter Length of Time

Number of previous 89-day appointments by same person in same position: No.

Number of previous 89-day appointments in position: Click here to enter No.

For this request, state the reasons why an additional 89-day appointment is necessary, e.g., regulatory or other mandated compliance requirement, and explain the consequences if 89-day appointment is not authorized, etc. (up to 250 words or less):

 Click here to enter text.

 Will the salary level for this 89-day appointment exceed the budgeted amount for the position? Click here to select Yes or No.

Select the specific actions that have been taken to fill the position on a permanent basis: Click here to select an action taken. If the response is “DHRD List Issued but List Not Used – Asked for Re-certification,” please provide an explanation why the list was not used in up to 250 words or less and explain what actions have been initiated to preclude another request for re-certification: Click here to enter text.

If the response is “Other,” please provide an explanation of the measures taken to fill the position on a permanent basis in up to 250 words or less:

Click here to enter text.

Target date to fill the vacancy (must be a date less than two years from the date of the vacancy):

Click here to enter text.

 **I acknowledge the possibility that positions that are vacant for two or more years may be deemed non-essential to departmental operations and may be subject to review and potential removal from the department’s biennium budget. In the event that a position is removed, appropriate actions, e.g., discontinuation or reassignment of an abolished position’s duties and responsibilities, initiation of a reorganization and realignment of department functions and operations, etc., will be initiated to address the loss of the position.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Director Date

□ Approved □ Disapproved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ryker Wada, Director Date

Department of Human Resources

Development