



Department of Transformation and Shared Services

Office of Personnel Management

Special Entry Rate-Exceptionally Well Qualified Applicant

Business Area Department / Agency Name

Position / Item Number Class Code / Title (*Attach description of job duties*) Grade

Applicant's Name Current Annual Salary Requested Annual Salary

Applicant's Qualifications (*Please summarize. Attach Resume and completed State Job Application Form*).

Minimum Qualifications (*Use same description as stated on Class Specification*).

| | |
|--|------|
| HR Administrator or designee | Date |
| Department Secretary / Agency Director or designee | Date |

Office of Personnel Management - Action

Reviewed By:

| | |
|------------------------------|------|
| OPM Personnel Representative | Date |
| OPM Director or designee | Date |