



Department of Transformation and Shared Services
Office of Personnel Management
Emergency Hire Request

Note: Attach State Employment Application when submitting this form.

Employee Name (<i>Last, First, Middle</i>)	Personnel Number
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Agency Name	Business Area	Personnel Area	Organization Unit
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Job Title	Position Number	Class Code	Pay Grade Type
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Position is: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Agency certifies that Applicant meets official minimum qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No
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JUSTIFICATION

Department Approval

Department Secretary	Date	<i>MM/DD/YYYY</i>
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OPM Approving Authority

Approved Denied	OPM Director	Date	<i>MM/DD/YYYY</i>
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