



Department of Transformation and Shared Services  
Office of Personnel Management  
Request for Pool Position

Business Area

Department Name / Agency Name

Date

**Position(s) to be Surrendered**

Position/Item Number    Classification Title    Pay Grade    Class Code

**Classification(s) Requested**

Classification Title    Pay Grade    Class Code

I hereby certify that:

- A. The position requested is critical to the operation of this Agency and a detailed justification for this request is attached. (Justification should be detailed and not less than one typed page in length.)
- B. Sufficient funds are available to fund this position at the requested grade.
- C. This is a full-time position that will not be used for any other purpose than that which is outlined in the attached narrative.
- D. The position to be surrendered is the highest grade position available and the loss of this position will not adversely affect the operation of this Agency.
- E. No current employee will be displaced by this action.

HR Administrator's Signature

Date

Department Secretary's Signature

Date