

POSITION REVIEW FORM



PURPOSE: This data is provided as a primary source of information to assure optimal use of human resources and departmental budget are met.

INSTRUCTIONS: The department head must submit a completed form to the Human Resources Department prior to recruitment. The form should contain specific language (e.g. "*this position is critical to the successful operation of the department because of*" or "*the department cannot function unless this position is filled due to*"). The information provided must identify the specific duties of the position and the consequences of not filling the position.

DEPARTMENT NAME/NUMBER: _____

POSITION TITLE: _____

Is this a grant funded position? Yes No Fund Number: _____

Is this a new or replacement position? If replacement:

--Name of previous incumbent: _____

--How long has position been vacant: _____

Provide the purpose of and rationale for this position. Include the specific duties performed and how this position fills the "critical" functions of the department. Include information that supports the rationale for hiring this position.

How is this work currently being covered?

What other options have been considered for covering this work? Why were these options not feasible?

Would utilization of overtime be more/less effective, please explain. Could this position be funded by another source?

Department Head Signature:

I stipulate that, if necessary to meet my Department's headcount and budget constraints, I am prepared to eliminate a position currently filled to allow for the exception in hiring this position.

Department Head Signature: _____ Date: _____

Reviewed By:

County Administrator: _____ Date: _____

Chief Financial Officer: _____ Date: _____

Human Resources Director: _____ Date: _____

Approved

Denied