Department of Transformation and Shared Services
Office of Personnel Management
Substitution of Minimum Job Qualifications

Business Area

Department/Agency Name

Is applicant a current state employee?

Employee Name (last, first, middle initial)

Personnel Number

Position Number

Job Title

Class Code

Pay Grade

Note: Attach State Employment Application when submitting this form.

Minimum Qualifications
(as written on Job Specifications)

Applicant's Qualifications
(Summarize the applicant's related experience and education as the agency's justification for substitution request. Attach a current resume and job application.)

☐ Approved

☐ Denied

Department/Agency Approving Authority

Date

☐ Approved

☐ Denied

OPM Approving Authority

Date