Department of Shared Administrative Services
Office of Personnel Management

Emergency Hire Request

Note: Attach State Employment Application when submitting this form.

Employee Name *(Last, First, Middle)*	Personnel Number

Agency Name	Business Area	Personnel Area	Organization Unit

Job Title	Position Number	Class Code	Pay Grade Type

Position is:	Agency certifies that Applicant meets official minimum qualifications?
☐ Full-time ☐ Part-time	☐ Yes ☐ No

JUSTIFICATION

Department Approval

Department Secretary	Date *MM/DD/YYYY*

OPM Approving Authority

	OPM Director	Date *MM/DD/YYYY*
☐ Approved ☐ Denied		