



**Department of Shared Administrative 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

Approved

Denied

Department/Agency Approving Authority

Date

OPM Approving Authority

Date