Department of Transformation and Shared Services
Office of Personnel Management
Intent to Fill Request

Date:

Department: Division:

Business Area: Position Number: City/Location:

Class Code: Job Title: Grade:

Vacated by: Personnel #:   Date: Reason:

To be completed only if applicable:

Hire Name: Career Service Date: Rehire of Retiree

Current Grade: Current Salary: Anticipated Salary:

Program Responsibilities of Position

Justification (please include what will happen if position remains unfilled)

Department Contact Info:

Name: Email: Phone:

By signing this document, I certify that sufficient department funds are available to support this request without impacting other programs or services. I also acknowledge that funding for this action will not be made available from the Performance Fund.

_____
Secretary/Director/Chief of Staff   Date

Approve   Deny   OPM Director   Date