

PERSONNEL HIRING JUSTIFICATION
REQUEST TO POST/CHANGE POSITION
FRANKLIN COUNTY BOARD OF COMMISSIONERS

Bargaining Unit Non Bargaining Unit Date: _____

Recent Vacancy Prior Vacancy PCN: _____

Date Position Became Vacant: _____

Request to Post Post For: 1 Week
 2 Weeks
 30 Days
Advertise in the following:

Position Title: _____

Location (Center or Department): _____

Detailed Justification (Text will wrap):

Org/Allocation #: _____ Pay Grade: _____ Proposed Starting Pay Rate: _____

Requested By: _____

Agency Fiscal Officer Approval: _____ Date: _____

Agency Director Approval: _____ Date: _____

County Administrator Approval: _____ Date: _____

Original: County Human Resources

Copy: Commissioners' Office of Management & Budget (OMB)

Franklin County Board of Commissioners
Instructions on filling out the Request to Post/Change Position Form

1. The Request to Post/Change Position form should be completed by management anytime it is determined that the need exist to replace a vacant position, or to make any type of change to an existing position including organizational structure changes and reclassifications.
2. The form must be signed by the agency's financial officer to verify budget availability prior to being submitted to the Agency Director.
3. The form should be completed in type print.
4. Please be as detailed as possible in your justification noting the reason for the request and any opportunity cost should the request be denied, so that an appropriate evaluation can be made.
5. The original form should be submitted to the Human Resources Department with a copy forwarded the Commissioners' Office of Management & Budget.
6. Please note that County Human Resources will not process the request without all of the appropriate signatures.

If you have any questions or need additional information please contact:

County Human Resources at 614-525-6224

Thank you kindly for your assistance with this process.