



**DEPARTMENT OF THE MILITARY (DOTM)  
POSITION REQUEST FORM**

This form is used to initiate action to establish a position as provided by the Department of the Military. This request will be reviewed by the Chief Fiscal Officer and/or Budget Analyst for a needs assessment and budget approval and reviewed by Human Resources. **The Requestor must complete each field** any fields left blank will be returned for corrections. If the field **does not** apply to your position mark **N/A**. Please submit completed (PRF) Position Request forms to DOTM-HR Unit. **Incomplete forms WILL NOT be processed.**

New Requested Position # \_\_\_\_\_ Pay Grade \_\_\_\_\_ Position Title \_\_\_\_\_  
(Extra Help or Fulltime)

Position# \_\_\_\_\_ Vacated by: \_\_\_\_\_ Personnel# \_\_\_\_\_ Date Vacated \_\_\_\_\_  
(Extra Help or Fulltime)

Department: \_\_\_\_\_ Personnel (ML) Area: \_\_\_\_\_

Hiring Official Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Program Director: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print)

Appendix Program Mgr. \_\_\_\_\_ Signature: \_\_\_\_\_

Federal Budget Analyst: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print)  
Ease Time/Performance Approver Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Request Submitted to DOTM-HR Dept. \_\_\_\_\_

**FISCAL/BUDGET IMPACT**

**FUNDING SOURCE**

State % \_\_\_\_\_ Cost Center \_\_\_\_\_ Federal% \_\_\_\_\_ Cost Center \_\_\_\_\_

WBS Element: \_\_\_\_\_ (Federal Reimbursement LOA): \_\_\_\_\_

**\*\*\* Approved Budget NOT to EXCEED \$ \_\_\_\_\_ Hourly Rate(and/or) Yearly Salary**

**TYPE OF POSITION**

Please check the appropriate box below:

Full Time Position Will this position perform shift duty? **Yes**  **No**  What Shift? \_\_\_\_\_

Extra Help Position  # of Hours \_\_\_\_\_ Shift Position? **Yes**  **No**  What Shift? \_\_\_\_\_  
(Must complete and submit extra help packet with this form):

Is this Position Required to Operate/Drive a State or Federal Vehicle? **Yes**  **No**

Does this Position Require a CAC Card? **Yes**  **No**  Will this Position Require AASIS? **Yes**  **No**

**TIMEFRAME OF ADVERTISEMENT**

Requested Date to Advertise Position: \_\_\_\_\_ Number of Days to Advertise: \_\_\_\_\_

**ACKNOWLEDGEMENTS OF RESPONSIBILITIES**

I acknowledge it is my responsibility to maintain current data with the Human Resource office.

I acknowledge it is my responsibility to contact DOTM-HR with ALL supervisor, rater and/or reviewer changes.

I acknowledge it is my responsibility to make sure this employee has a set of standards in place within the first 30 days of employment, **RATED** on the six month anniversary, **RATED** within DOTM-HR guidelines, **RATED** upon my exit, and **RATED** upon employee exit.

Signature \_\_\_\_\_

**This section is to be completed by DOTM-HR Staff Only**

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**Grants Manager/Accounting Coordinator Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Sherrey Bullock

This position is:  Approved  Denied

**Chief Fiscal Officer Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Jodi Porterfield/ Diana Worm

This position is:  Approved  Denied

**HR Administrator Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Michelle Young-Hobbs

This position is:  Approved  Denied

**Chief of Staff of HR Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Scott Stanger

This position is:  Approved  Denied

**HR Analyst Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Entered Data into AASIS

WBS Element Changed \_\_\_\_\_  
Cost Center Changed \_\_\_\_\_  
Master/ Master Checked \_\_\_\_\_