



Arkansas Department of the Military
Cabinet Secretary - Brigadier General Olen Chad Bridges,
The Adjutant General

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 Requester 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#
(Extra Help or Fulltime)

Department: Personnel (ML) Area:

Hiring Official Name Signature:

Program Director: Signature:
(Print)

Appendix Program Mgr. Signature:

Federal Budget Analyst: Signature:

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

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

Will the position be assigned an email address? NFG Email Arkansas.gov Email None/Other

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

Grants Manager/Accounting Coordinator Signature: Date:

This position is: Approved Denied

**Chief Fiscal Officer /
DOM Senior Budget Analyst Signature:** Date:

This position is: Approved Denied

Military Asst. HR Administrator: Date:

This position is: Approved Denied

DOTM Chief of HR Signature: Date:

This position is: Approved Denied

HR Analyst Signature: Date:

Entered Data into AASIS

- WBS Element Changed
- Cost Center Changed
- Master / Master Checked