



**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:

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**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

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

**Fiscal Support Administrator / Fiscal Support Supervisor/Expert Signature:**

This position is:  Approved  Denied

**Chief Fiscal Officer I / Budget Analyst Signature:**

This position is:  Approved  Denied

**HR Supervisor/Expert Signature:**

This position is:  Approved  Denied

**HR Administrator I Signature:**

This position is:  Approved  Denied

**HR Analyst Signature:**

WBS Element Changed   
Cost Center Changed   
Master / Master Checked