Reset Form

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

This form initiates the process to establish a position within the Department of the Military. It will be reviewed for need, budget approval, and HR compliance. All fields must be completed; use N/A where appropriate. **Incomplete forms will be returned. Completed Position Request Forms (PRF) must be digitally signed and submitted to DOTM HR.**

INCOMPLETE FORMS WILL NOT BE PROCESSED.

To be completed by the requester

Department _____ Personnel ML Area _____

Position # _____ Position Title _____

Class Code _____ Pay Grade _____ City/Location _____

Backfill _____ Vacated by _____ Personnel # _____

Hiring Official Printed Name _____ Signature _____

Program Director Printed Name _____ Signature _____

Appendix Program Manager Printed Name _____ Signature _____

Federal Budget Analyst Printed Name _____ Signature _____

Funding Source

State % _____ Cost Center _____ Federal % _____ Cost Center _____

WBS Element _____ (Federal Reimbursement LOA) _____

Approved Budget **NOT** to **EXCEED** $ _____ (Annually)

Timeframe of advertisement (5 days minimum) _____

Type of Position

☐ Full Time Position If yes, will this position perform shift duty? If yes, what shift? _____

☐ Extra Help Position If yes, will this position perform shift duty? If yes, what shift? _____

Is this position required to operate/drive a state of federal vehicle? ☐ Yes ☐ No

Does this position require a CAC card? ☐ Yes ☐ No

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

If ***None/Other*** is selected your selected candidate will have to use their personal email for timekeeping purposes.

Hiring Official Acknowledgement

I acknowledge that it is my responsibility to ensure all position and employee data remains current with the Human Resources office. I also acknowledge that I am responsible for notifying DOTM-HR of any changes. Additionally, I understand that it is my responsibility to establish performance standards for this employee within the first 30 days of employment and to complete a six-month performance evaluation in accordance with DOTM-HR guidelines.

Hiring Official Signature _____ Date _____

Prescreening Questions

Hiring officials may list up to three prescreening questions to be used during the applicant screening process.

Question 1

Question 2

Question 3

This section is to be completed by DOTM-HR/Finance Staff only.

FUND _____ *(3 letters followed by 7 numbers)*

Fiscal Support Administrator / Fiscal Support Supervisor/Expert	_____	☐ Approved	☐ Denied
Chief Fiscal Officer I / Budget Analyst	_____	☐ Approved	☐ Denied
HR Supervisor/Expert	_____	☐ Approved	☐ Denied
HR Administrator I	_____	☐ Approved	☐ Denied
HR Analyst	_____	☐ Approved	☐ Denied