

FA Position Management Committee Request

BLM JUSTIFICATION TO FILL A POSITION

(Items on the right to be completed by requester)

Provide this justification form via e-mail to the HR Officer and HR Staffing Supervisor

Part A

Position Title/ Series/Grade (FPL):	_____ <i>(e.g., Management Program Analyst, GS-0343-12)</i>
Recruitment Location(s)*:	_____ <i>Enter city & state where position(s) will be located if remote option desired indicate location negotiable</i>
Organization:	Organizational Code: _____ <i>(e.g., FA-220)</i>
Contact Information:	Supervisor Name and Phone Number: _____
Position Information:	<input type="checkbox"/> Permanent <input type="checkbox"/> Career-Seasonal <input type="checkbox"/> Temp Promo/Detail NTE <i>(days/mo/yr)</i> _____ <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Competitive <input type="checkbox"/> TERM Appt NTE <i>(mo/yr)</i> _____ <input type="checkbox"/> Temporary Seasonal (1039 hrs) <input type="checkbox"/> Temporary Appt. NTE 1 Year <input type="checkbox"/> Intern NTE <i>(mo/yr)</i> _____ <input type="checkbox"/> Career/Indef. Intern <input type="checkbox"/> Recent Grad. PMF <hr/> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <hr/> Vice Position (last name): _____ Total # of Positions to fill: _____ Is the position on approved Table of Organization (TO)? <input type="checkbox"/> Yes <input type="checkbox"/> No **If position is not on approved TO, please see Part B below. <u>Moving Costs Authorized</u> <i>(Complete P-93 form, Department Relocation Expense Worksheet):</i> <input type="checkbox"/> YES <input type="checkbox"/> NO *Please reference the BLM PMC Charter for more information on PCS Requirements.
Position	<input type="checkbox"/> Current position description exists: PD# _____ <input type="checkbox"/> Position description needs to be classified/revised and/or reclassified.
Submitted by:	Name and phone number: _____ Division Chief concurrence/signature: _____ <i>(Reminder – Division Chief to inform AD/DAD when back filling approved positions at the GS-12 level and above prior to submitting to HR for recruitment)</i>
Date of Request:	_____
For HR Use Only:	Date Received: _____ HR POC: _____

Part B (only needed for actual PMC Approval process)

PMC Request:	In addition to completing Part A above , please attach a written justification for PMC members to review, containing all applicable supporting documentation to include: <ul style="list-style-type: none">• Position management issues.• Ramifications of not filling position.• Funding source. Please refer to the PMC charter for required requests to be approved by PMC. Examples include, but are not limited to restructuring or modifying existing organizations, filling positions as a double fill, changes in grade, recruiting and filling detail/temporary promotion positions NOT on the approved Table of Organization for more than 120 days, etc.
---------------------	--

Position Management Committee Decision

Date of Decision: _____

Position Approved

Position Rejected

Position on Hold

Proposal approved with the following stipulations:

Comments: