



DIVISION OF PERSONNEL VACANT & NEW POSITION ANALYSIS



FUNDING APPROVAL SECTION:										
1. No. of Position(s) to be Filled:			2. Document Processing No:			3. Processing Date:				
4. Department/Agency:			5. Division		Unit	6. Job Title:				
7. Salary Grade:	8. Salary Range:		9. Classification:			10. Rate of Pay:		11. District:		
/	-		<input type="checkbox"/> Classified	<input type="checkbox"/> Unclassified	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time	\$ _____ Hour	<input type="checkbox"/> St. Thomas		
			<input type="checkbox"/> Program	<input type="checkbox"/> Dual			\$ _____ Year	<input type="checkbox"/> St. Croix		
							\$ _____ Period	<input type="checkbox"/> St. John		
12. Date Needed:		13. Nature of Action:				14. If New Position, Attach Job Specification				
02/12/2014		Delete/Create <input type="checkbox"/> Filling Vacancy <input type="checkbox"/> New <input type="checkbox"/>				See Attached				
15. FUNDING SOURCE:			Gen <input type="checkbox"/>	Fed <input type="checkbox"/>	Spec <input type="checkbox"/>	Mat <input type="checkbox"/>	ORG:		OBJECT:	PROJECT:
16. New/Vacant Position Control No:		17. Salary:	18. Position Control No for Deletion		19. Funding			20. Salary:	21. Position Title for Deletion:	
					Org	Object	Project			
Dept. Fiscal/HR Officer:		Approved	Disapproved		Agency Head:			Approved	Disapproved	
OFFICE OF MANAGEMENT AND BUDGET USE ONLY:										
OMB Comments:										
OMB Budget Analyst:		Approved	Disapproved		OMB Director:			Approved	Disapproved	

POSITION JUSTIFICATION SECTION:											
Critical Functions of Position				Yes	No	<p style="font-size: 1.2em; font-weight: bold;">If Yes, please provide information/documentation in the Memo of Justification</p>					
Is this position required by Policy or Regulation?											
Is this a Health, Public Safety or Revenue generating position?											
Is this a critical support position?											
Other Position Function and Information				Yes	No						
Is this position unclassified? If yes attach a job specification.											
Is the Position Description current and accurate?											
Could the duties of this position be permanently reassigned to or shared with another position(s)?											
Could the duties be reassigned to another division or department?											
Could the work be outsourced?											
Could the duties be reassigned to a Temporary Worker? Is there adequate funding available to these additional expenses?											
Could the hours be reduced without impacting the services provided?											
Could the duties be temporarily reassigned to another position(s)?											
Are there other vacancies within the unit? If yes, how many?						# Posted:			# Not Posted:		
When are the busiest times for this position?											
When are the slower times for this position?											
How many days has the positions been vacant?											
What is the impact of not refilling this position?				<p style="font-weight: bold;">Provide information in the Memo of Justification.</p>							
Any reason(s) not to apply 90 day wait?											
What is the impact of delaying the recruitment of this position?											
All requests should be accompanied with your Agency's Organizational Chart along with a Memo of Justification which includes the information outlined above.											

DIVISION OF PERSONNEL USE ONLY					
DOP Comments:					
29. Director of Personnel:		Date:	30. Office of the Governor:		Date:
_____ Director		_____ Approved Disapproved	_____ Office of the Governor		_____ Approved Disapproved