

## Form A: Vacancy Staffing Plan

Department: Self-explanatory.

Annual Report: Check if Report is the full year annual plan for FY 03.

Quarterly Update for \_\_\_\_\_: Check if Report is a quarterly update of the full year annual plan and note the quarter ending. Quarterly updates should include any changes, or differences in information originally reported in the full year annual plan. Explanations of differences should be provided in “comments.”

Contact Person/Phone: Self-explanatory.

Program ID: Program ID that the position is budgeted in. Positions transferred in/out to other programs should be noted here, and explained in comments.

Position Title as Budgeted: Self-explanatory. Note: authorized positions should be within the same classification series and of the same means of financing as budgeted.

Legal Authority: All positions must be “authorized budgeted positions” as defined in Attachment A, No. 5. Authorizations should be based on the legal authority of a specific statute, the general appropriations act, or other specific legislation in effect. Exempt positions must additionally cite the applicable subsection in Section 76-16, HRS.

Permanent/Temporary: Self-explanatory.

Civ Svs or Exempt: Indicate if Civil Service or Exempt.

Budgeted Salary: Self-explanatory.

MOF: Position’s means of financing (must total 100% if multiple financing sources).

Date of Vacancy: Date position became vacant (applicable to positions previously established and filled).

Date Establish/Fill: Anticipated dates (month, day, year) of: 1) establishment and/or 2) filling. “Date to be established” applicable only to positions not yet established.

Identified in Annual Plan Y/N: Y=yes; if no change from original annual plan. N=no; explain in comments.

Comments: Self-explanatory. Explanation of any differences from original plan, or other pertinent comments.



**Form B: Out-of-State Travel Plan**

Department: Self-explanatory.

Annual Report: Check if report is the full year annual plan for FY 03.

Quarterly Update for \_\_\_\_\_: Check if report is a quarterly update of the full year annual plan, and note the quarter being covered. Quarterly updates should include any changes, or differences in information originally reported in the full year annual plan. Explanations of differences should be provided in "comments."

Contact Person/Phone: Self-explanatory.

Program ID: Program ID the travel is budgeted in.

Estimated Dates of Travel: Self-explanatory. Separate dates should be provided for different destinations included in the same trip (i.e., Detroit: 5/1-5/2; Chicago: 5/2-5/4).

Destination: Self-explanatory.

Purpose: Purpose of the trip: training, conference, accompanying prisoners, etc.

Total Cost: Include all costs such as airfare, auto rental, per diem, travel differentials, and other government costs required because of the trip.

MOF: Means of financing of the trip's costs. (Must total 100% if multiple sources of financing.)

Name(s) and Title(s) of Traveler(s): Self-explanatory.

Identified in Annual Plan Y/N: Y=yes; should be without any changes from the original annual plan. N=no.

Comments: Comments as necessary. For quarterly updates, discuss reason for difference/changes from annual plan.



## Form C: Major Purchase Plan

Department: Self-explanatory.

Annual Report: Check if report is the full year annual plan for FY 03.

Quarterly Update for \_\_\_\_\_ : Check if report is a quarterly update of the full year annual plan, and note the quarter being covered. Quarterly updates should include any changes, or differences in information originally reported in the full year annual plan. Explanations of differences should be provided in "comments."

Contact Person/Phone: Self-explanatory.

Program ID: Program ID that is making the major purchase and authorized funding (appropriations) for the purchase.

Estimated Date of Purchase: Self-explanatory. 1) the initiating department with funds appropriated for that purpose must report the planned purchase. 2) for central services agencies routinely charged with purchasing for the State, note best estimate of purchased date.

Description of Purchase: Self-explanatory. Identified purchase should be over \$25,000.

Budgeted Amount: (Per BJ-3 table).

MOF: Means of financing. (Must total 100% if multiple financing sources.)

Identified in Annual Plan Y/N: Y=yes; if no change from original annual plan. N=no; explain in comments.

Comments: Self-explanatory. If changed from annual plan, explain how and why. Note: 1) the initiating department with the appropriation for the purchase must report the planned purchase. If the purchase is to be made through a central State purchasing agency arrangement, explain in "comments." 2) for central service agencies charged with fleet or bulk purchasing for the State, provide additional information or explanation here. Comments in quarterly updates should reflect actual purchases, if different from the estimated annual plan.



Date: \_\_\_\_\_

**REPORT OF TEMPORARY/STUDENT HIRES**

Department: \_\_\_\_\_  
Month/Yr Covered by this Report: \_\_\_\_\_

Authorized Dept. Manager:  
SIGNATURE: \_\_\_\_\_  
NAME, TITLE: \_\_\_\_\_

Position No.	Prog. ID	Position Title	Authorized Status		MOF	Date of Incumbent's Initial Appt.	NTE Date of Appt.
			Temp.	Perm.			

(Date)

TO: The Honorable Benjamin J. Cayetano  
Governor of Hawaii

THRU: The Honorable Stanley Shiraki, Director  
Department of Budget and Finance

FROM:

SUBJECT: Request to Fill \_\_\_\_\_ (Position Title)

Approval is requested to fill the following position:

1. Position Title, SR:
2. Description of functions and responsibilities
  - a. Note if position is unique; i.e., only position in the organization that performs the particular function.
3. Program ID/title; Division/Branch/Section (as applicable); location:
4. Salary and means of financing (general, special, federal, etc.; for other than general fund, indicate specific fund source):
5. Date and Duration of vacancy:
  - a. If vacant more than 3 months, indicate how positions functions were performed and adverse impact, if any:
6. Nature of appointment:



- a. Projected appointment date:
- b. Civil service/exempt:
- c. Permanent/temporary:
- d. Part or full-time (If temporary, indicate NTE date or duration position needs to be filled.):
- e. Indicate if and for how long position has been filled on an emergency or temporary basis:

7. Justification for filling the position:

(Provide specific, complete justification, including alternatives investigated; specific adverse impacts of delay in hiring; specific adverse, irreparable impact to services to the public.)

8. Impact of delay in filling:

- a. Discuss impact if filling is delayed for 3 months, for 6 months, for one year. Discuss impact to services to the public.

9. Status of request to fill: discuss actions taken to date to fill position, if any:

10. Attach current approved organization chart highlighting the position to be filled.

11. Department review of request:

- a. Reviewed and approved by division or attached agency administrator:

\_\_\_\_\_  
Name Telephone Date

\_\_\_\_\_  
Signature

- b. Reviewed and approved by department administrative services officer:

\_\_\_\_\_  
Name Telephone Date

\_\_\_\_\_  
Signature

- c. Reviewed and approved by department head:

\_\_\_\_\_  
Signature Telephone Date

RECOMMEND:

APPROVAL

DISAPPROVAL

DEFER

\_\_\_\_\_  
DIRECTOR OF FINANCE

\_\_\_\_\_  
DATE

APPROVED

DISAPPROVED

DEFER

\_\_\_\_\_  
BENJAMIN J. CAYETANO  
Governor, State of Hawaii

\_\_\_\_\_  
DATE