

(Date)

TO: The Honorable Linda Lingle  
Governor of Hawaii

THRU: The Honorable Georgina K. Kawamura, 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
  - 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:
  - If vacant more than 3 months, indicate how position's functions were performed and adverse impact, if any:
6. Nature of appointment:

- a. Projected appointment date:
- b. Civil service/exempt:
- c. Permanent/temporary (if temporary, indicate: 1) NTE date or duration position needs to be filled; and 2) whether a permanent position is being filled on a temporary basis):
- d. Part or full-time (40 hrs. per week) (If part-time, indicate number of hours to work per week.):
- e. Indicate if and for how long position has been filled on a temporary basis (i.e., 89-day appointment, temporary appointment, etc.):

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, etc.)

8. Impact of delay in filling:

- 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

\_\_\_\_\_  
LINDA LINGLE  
Governor, State of Hawaii

\_\_\_\_\_  
DATE