



TEXAS MILITARY DEPARTMENT REQUEST TO POST A JOB VACANCY FORM

(Attach proposed job description & submit completed form to State HR)

DIRECTORATE		BRANCH		DATE REQUESTED
HIRING MANAGER NAME			TELEPHONE NUMBER	EXT.
PROGRAM/FUNDS MANAGER NAME			TELEPHONE NUMBER	EXT.
HIRING MANAGER LIAISON			TELEPHONE NUMBER	EXT.
CLASS CODE / CLASSIFICATION TITLE		POSTING TYPE <input type="checkbox"/> OPEN TO THE PUBLIC <input type="checkbox"/> INTERNAL ONLY POSTING		
FUNCTIONAL TITLE		ADVERTISING PERIOD <input type="checkbox"/> 10 BUSINESS DAYS <input type="checkbox"/> OPEN UNTIL FILLED <input type="checkbox"/> OTHER _____		
SALARY GROUP	MONTHLY SALARY RANGE \$ _____ to \$ _____			
FUNDING TYPE <input type="checkbox"/> GENERAL REVENUE <input type="checkbox"/> FEDERAL FUNDING		POSITION TYPE <input type="checkbox"/> CLASSIFIED REGULAR FULL-TIME (CRF) <input type="checkbox"/> CLASSIFIED REGULAR PART-TIME (CRP) <input type="checkbox"/> CLASSIFIED TEMPORARY FULL-TIME (CTF) <input type="checkbox"/> CLASSIFIED TEMPORARY PART-TIME (CTP) IF PART TIME, # OF HOURS _____		
APPENDIX	FEDERAL REIMBURSEMENT %			
SHIFT WORK REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		TRAVEL REQUIRED <input type="checkbox"/> YES (___%) <input type="checkbox"/> NO		
WORK LOCATION/ADDRESS		WORK HOURS <input type="checkbox"/> MONDAY - FRIDAY (8 HOUR DAYS) <input type="checkbox"/> TUESDAY – FRIDAY (10 HOUR DAYS) <input type="checkbox"/> MONDAY – THURSDAY (10 HOUR DAYS) <input type="checkbox"/> OTHER _____		
EXISTING OR NEW POSITION <input type="checkbox"/> NEW POSITION <input type="checkbox"/> BACKFILL Number of vacancies: _____				
CAPPS Position #	FIRST NAME	LAST NAME	VACANCY DATE	Do you want HR to rank candidates according to preferred qualifications? <input type="checkbox"/> YES (Specify below or attached) <input type="checkbox"/> NO
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
JUSTIFICATION FOR BACKFILL OR NEW POSITION:				

SIGNATURES

HIRING MANAGER SIGNATURE	DATE	DEPARTMENT MANAGER/DIRECTOR SIGNATURE	DATE
PROGRAM/FEDERAL FUNDS MANAGER SIGNATURE	DATE	CHIEF FISCAL OFFICER SIGNATURE	DATE

STATE HR WILL ROUTE TO THE EXECUTIVE DIRECTOR FOR APPROVAL:

EXECUTIVE DIRECTOR SIGNATURE	<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	DATE:
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