



Texas Military Department

Request to Post A Job Vacancy Form

INSTRUCTIONS: Attach proposed job description and submit completed form to State HR at StaffingHR@military.texas.gov.

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 checked="" type="checkbox"/> OPEN TO THE PUBLIC <input type="checkbox"/> INTERNAL ONLY POSTING		
FUNCTIONAL TITLE		ADVERTISING PERIOD <input checked="" 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 checked="" 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)		
APPENDIX	FEDERAL REIMBURSEMENT %		IF PART TIME, # OF HOURS _____	
SHIFT WORK REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TRAVEL REQUIRED <input checked="" type="checkbox"/> YES (____%) <input type="checkbox"/> NO		
WORK LOCATION/ADDRESS		WORK HOURS <input checked="" 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 attach) <input checked="" type="checkbox"/> NO
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
JUSTIFICATION FOR BACKFILL OR NEW POSITION:				
HIRING MANAGER SIGNATURE		DATE	DEPARTMENT MANAGER/DIRECTOR SIGNATURE	
PROGRAM/FEDERAL FUNDS MANAGER SIGNATURE		DATE	CHIEF FISCAL OFFICER OR BUDGET OFFICER SIGNATURE	

HUMAN RESOURCES DIRECTOR SIGNATURE: _____

<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	DATE:
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DIRECTOR OF STATE ADMINISTRATION SIGNATURE: (if applicable) _____

<input type="checkbox"/> APPROVE <input type="checkbox"/> NA <input type="checkbox"/> DISAPPROVE	DATE:
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