

FILLING A TEMPORARY VACANCY REQUEST FORM

Submit to HrRequisitions@co.imperial.ca.us for processing.

(Note: Filling a Temporary Vacancy Request must be submitted and approved prior to placing staff to fill a temporary vacancy status.)

Type of Request:	<input type="checkbox"/> Initial Request (within 1st 6 months)	<input type="checkbox"/> Extension (beyond 6 months)	
Department:			Fund No.:
Department Head:			
Employee Name:			ID#:
Current Classification:	Classification:		
	Current Range/Step:	Current BU:	Current PCN:
Out of Class Proposed Classification:	Classification:		
	Range/Step:	BU:	Proposed PCN:
Temporary Vacancy Due To:	<input type="checkbox"/> Vacancy	<input type="checkbox"/> Leave of Absence	ID#:
Justification: Please provide brief detail of circumstances that have led to this request and description of duties that are to be performed. Please attach additional sheet if necessary. <i>Note: Staff Member will need to meet the required qualifications listed in the proposed temporary classification job description. Please attach copy of the employment application and education backup.</i>			
Department Head Signature:			Date:
Human Resources & Risk Management			
Verification of MOU Eligibility: Meets <input type="checkbox"/> Does Not Meet <input type="checkbox"/>	Bargaining Unit: _____	Date:	
Verification of Job Qualifications: Meets <input type="checkbox"/> Does Not Meet <input type="checkbox"/>			Date:
Recommended: Yes <input type="checkbox"/> Recommended: No <input type="checkbox"/>			Date:
	<i>Director of Human Resources & Risk Management</i>		
Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/>			Date:
	<i>County Executive Officer</i>		
Effective Date: (1st 6 months) Established upon CEO approval.	From:	To:	Completed By:
Financial Impact: Salary/Medicare/Retirement	Current Range/Step/Salary:	Proposed Range/Step/Salary:	Estimated Cost:
Approval/Denial Email Notice sent to Department.	Date & Initials:	Received Date:	Completed by:
	*If approved, request PS2 and Notice of Filling a Temporary Vacancy Form.		
Extension Beyond Six Months, Per Approval of County Executive Officer			
Effective Date: (Beyond 6 months) upon CEO approval.	From:	To:	Completed By:
Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/>			Date:
	<i>County Executive Officer</i>		
Approval/Denial Email Notice sent to Department.	Date & Initials:	Received Date:	Completed by:
	*If approved, request PS2 and Notice of Filling a Temporary Vacancy Form.		