REQUEST FOR GOVERNMENT CODE 12439(b) VACANT POSITION REESTABLISHMENT

Request Date: ________________ Request Number: ________________

Department Org Code: _______ Department Name: ___________________

Agency Org Code (if applicable): _______ Agency Name (if applicable): ___________________

Does this request include attachments? Yes ☐ No ☐ Please indicate the total number of pages: _____

(including this form)

A. Type of reestablishment (Mark all that apply):

☐ (b)(1) Hiring Freeze ☐ (b)(4) Classification Designated as Hard-to-Fill
☐ (b)(2) Diligently Attempted to Fill ☐ (b)(5) Late Budget Enactment Delayed Filling
☐ (b)(3) Designated Management Position

B. Reason for reestablishment(s):


C. Consequence if reestablishment(s) not granted:


D. Position Data:

Position Number(s): ____________________________
Classification Title: ____________________________
Salary Range: ____________________________

Contact Person: ____________________________ Telephone Number: (____) - ext.

E. Signature:
As department director, or his or her designee, I certify that the above requested action and supporting information is true and accurate.

<table>
<thead>
<tr>
<th>Department</th>
<th>Agency</th>
<th>Department of Finance</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Approved ☐ Denied</td>
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Director/Date ____________________________ Agency Secretary/Date ____________________________

Program Budget Manager/Date ____________________________

DF 155 (07/10)