ODNR Position Justification Form
(for existing FTP, PTP, ETI/ETR positions)

Division/Office: _____ Supervisor: _____

Classification: _____ PN (if known): _____

Dept ID (if known): _____ Combo code (if known): _____

Appt type: _____Pay Grade: _____ HQ county: _____

Work Location (address): _____

Updates to position description needed? _____ Budgeted hours for FY (if not FTP): _____

Vacancy created by (employee name) _____ as a result of a:

_____ Resignation _____ Promotion _____ Transfer _____ Termination _____ Retirement

Date vacant (or will become): _____ Anticipated start date: _____

Recommend to Post: _____ Internal _____ External Hours of work: _____

Posting dates: (to be completed in HR: if holiday, add one day)_____

1. Are there any certifications or position-specific requirements (PSMQs)? (Use of a firearm, CDL, license, pre-hire drug test, Webcheck, residency requirements, Physical Test, pre-hire testing etc.)

2. Is the work that is to be performed consistent with the current state classification specification? *http://das.ohio.gov/Divisions/HumanResources/TalentManagement/ClassificationandCompensation/ClassificationSpecifications.aspx*

3. After reviewing the knowledge, skills, and abilities (KSAs) on the current position description, are they accurate to allow the employee to successfully perform the duties?

4. Do the operational demands of the work require that this position work 40 hours a week? Could the duties be accomplished using a less-than-full-time position?

Questions #5-8 must be answered in order to proceed with the Department approval memo.

5. Critical need to fill? Why?

6. What job duties will not get done, if not filled?

7. How many other staff performs the same function in the work area?

8. How will the task(s) be performed if the position is not filled?

Additional signatures, if applicable to your Division/Office:

_____	_____	_____
Manager name/signature/date	District Mgr /Group Admin/signature/date	Asst. Chief/signature/date

Chief's Review: _____ Yes _____ No **Chief Reviewed with Deputy Director** _____ Yes _____ No

Notes:

- Please contact your HR Liaison, if you need the most recent version (in MS Word) of the position description you are requesting to fill
- Once this approval form has been received and processed, next steps will include developing/verifying pre-screening criteria and interview questions.

Spell Check **Save As** **Print**