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| **RPA Number:** |  |
| **Is this action related to a special project?** | Yes  No  If yes, specify:  SB 85  Drought  Other: |
| **Current Position Information** | |
| Current Position Number: |  |
| Current Position Classification: |  |
| Current Position Unit: |  |
| **Proposed Position Information** | |
| Proposed Position Number: |  |
| Proposed Position Classification: |  |
| Proposed Position Unit: |  |
| **Select the type of RPA:** | |
| New Position Request (Limited Term, Permanent Intermittent, Seasonal/Temporary)  (Complete sections I & II)  Out of Class Assignment (Complete sections I & III)  Promotion in Place (Interchangeable) (Complete sections I & III)  Promotion in Place (non-Interchangeable) (Complete sections I & III)  Reclassification (Change in position classification) (Complete sections I & II)  Retired Annuitant (Complete sections I & IV)  Transfer (Change in position location) (Complete sections I & II) | |
| **Section I: Background** | |
| *Briefly describe the mission of the unit. What is the business need for this request and describe what has changed to justify this request? If applicable, cite any laws, regulations, and/or mandates that support this request.* | |
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| *Where did these duties come from? Who was performing these duties previously? Who is taking over these duties?* | |
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| *How will this request impact existing positions within the unit? Will there be overlap? If so, please explain the need for this overlap.* | |
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| **Section II: Classification, Tenure, and Time Base Considerations** | |
| *Describe the tasks of this position and explain how these duties are most appropriate for the requested classification.* | |
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| *What other options have you considered regarding the classification? Are there other classifications that you considered? Why or why not?* | |
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| *Describe the need justifying the requested time base (full time, part time, intermittent) and tenure (permanent, limited term).* | |
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| *What is the consequence of error for this position? What are the consequences to the department should this request not be approved?* | |
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| *For Supervisory Positions Only – is this position properly allocated? [Definition: A supervisory class used in a position that has limited (defined as less than three subordinates unless otherwise specified in an allocation guideline) or no supervisory responsibility, but other equivalent responsibility.]*  *[Exceptional Allocation] If not properly allocated, please describe why this supervisory position must be utilized with minimal or no supervisory responsibilities, and how the allocation will be corrected in the future. If there are no plans to correct the allocation, please justify why.* | |
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| **Section III: Selection** | |
| *Describe how this opportunity was offered to all eligible staff within the unit.* | |
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| *How did you make your selection? Why is the selected candidate the most qualified?* | |
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| *Describe the assignment length and rotations, if applicable.* | |
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| **Section IV: Retired Annuitant Only** | |
| *Why is the RA the only person that can provide the expertise needed? How will you ensure this need will be resolved or met in the future? Detail the temporary nature of the assignment.* | |
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| *Please specify the time frame, including an end date, of this assignment.* | |
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