AGENCY: Choose an item.

REQUESTOR:       TITLE:       DATE:

**Complete Sections I, II, and III of this form to request an interim adjustment to your agency’s authorized Full-Time Equivalent (FTE) positions during the current fiscal year. These adjustments are temporary and are only in effect until the end of the fiscal year in which they are approved. Submit the completed request to your assigned Budget Analyst with the Executive Budget Office.**

**SECTION I. REQUEST CATEGORY**

Complete Section I by checking the box to the left of the type of adjustment you are requesting. Also, please provide the number of Full-Time Equivalent (FTE) positions by funding source to the right of each request category you checked.

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| --- | --- | --- | --- |
| **State** | **Federal** | **Other** | **Total** |
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1. Add new FTE position(s).

2. Reestablish FTE position(s) deleted on:

3. Transfer FTE position(s) to:

4. Delete authorized FTE position(s).

5. Change Source of Funding for FTE position(s).

6. Other – Change Unclassified to/from Classified.

**AGENCY CERTIFICATION**

The agency certifies that the funding sources identified are sufficient and available within existing resources for this authorized FTE position base adjustment request. The agency also acknowledges that, if approved, this adjustment is only in effect until the end of the current fiscal year.

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Authorized Agency Representative/Date

**EXECUTIVE BUDGET OFFICE RECOMMENDATION**

APPROVE DISAPPROVE SIGNATURE DATE

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ANALYST, EXECUTIVE BUDGET OFFICE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

DIRECTOR, EXECUTIVE BUDGET OFFICE

**SECTION II. JUSTIFICATION**

Please provide responses in the spaces provided.

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| 1. **HISTORICAL BACKGROUND:** Describe the circumstances that created the need for this request. Explain why these positions are needed/deleted/transferred. Describe the statutory, workload or case load changes that created the need for this request. Explain how you determined this number of FTEs. Please list the effective date(s) of hire/deletion/transfer. |
| RESPONSE: |
| 1. **SOURCE OF FUNDING:** Identify and explain the specific funding source(s) for each position title (e.g., EPA grant for sewer line construction) and indicate if funding is recurring, or the determination date if funding is non-recurring. |
| RESPONSE: |
| 1. **USE OF VACANCIES:** Explain whether current vacancies are being used to address part of the need for FTEs. If vacancies are not being used, explain why not. |
| RESPONSE: |
| 1. **EXEMPTION FROM THE BUDGET PROCESS:** Explain why this request should be approved in the current year instead of being submitted as part of the annual appropriations process, as a requested authorized FTE increase in the next fiscal year. |
| RESPONSE: |
| 1. **TEMPORARY GRANT EMPLOYEE OPTION:** If requesting additional FTEs as a result of grant funding, explain whether Time-Limited and/or Temporary Grant positions were considered. |
| RESPONSE: |
| 1. **OTHER OPTIONS CONSIDERED:** List any other options you may have considered to address your need. |
| RESPONSE: |

**SECTION III. POSITION LISTING SCHEDULE**

Complete the Position Listing Schedule including the information provided below. If necessary, submit the information on a separate sheet of paper. List each position title on separate rows. You may need to list the same position title on several rows if they occur in different programs or subprograms, or if the percentages listed under the Source of Funding columns vary). The following information is needed for each position title:

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| --- | --- |
| **Number of Positions** | Indicate the number of employees (in whole numbers) represented by the FTEs shown on each row. |
| **Position Numbers** | Complete this column when requesting adjustments to existing positions. List each position number on a separate line. (Do NOT complete this column when requesting new FTEs). |
| **Program/Subprogram** | Indicate the specific program (i.e., Roman numeral), subprogram (i.e. capital letter), element (i.e., Arabic numeral), or subelement (i.e., lower case letter) within the current Appropriations Act’s approved budget structure associated with each position title (e.g., I. or I.A. or I.A.1.). This provide the EBO the necessary information to reflect interim new FTEs in the Appropriations Bill. |
| **Pay Band** | Indicate the pay band (1 – 10) for each position title listed. |
| **Annual Salary** | Indicate the actual total salary of all FTEs associated with each position title line. Exclude amounts for Employer Contributions. If no transfer of funds is involved, indicate the minimum salary for that position title. |
| **Current Sources of Funding** | Indicate the percentage of each funding source used to pay each position title (State, Federal, Earmarked, Restricted and Total). |
| **Proposed Sources of Funding** | If requesting a source of funds change, indicate the proposed percentage of funding for each position title. |

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|  |  |  |  |  |  | **Current Sources of Funding**  (indicate percentage) | | | | | **Proposed Sources of Funding**  (indicate percentages) | | | | | |
| **# of Pos.** | **Position Title** | **Position Number** | **Program / Subprogram** | **Pay Band** | **Annual Salary** | **State** | **Fed** | **Ear** | **Res** | **Total** | **State** | **Fed** | **Ear** | **Res** | **Total** |
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