



State of Oklahoma
Office of Management & Enterprise Services
Human Resources Department

Employment Action Form
HCM-92

Agency Name/Number: _____ Affected PIN: _____ Date: _____

SECTION 1 - Position Information

Classified Unclassified IT Position Official Job Title: _____ Job Code: _____

Projected Working Title: _____ Division: _____ Location: _____

Will this position supervise? No Yes Position Supervised By: _____ Supervisor's PIN: _____

Full Time (30 or more hours/wk)
 Variable Hour Appointment - Employed for less than 90 days
 Variable Hour Appointment - Employed for more than 90 days - Anticipated number of hours/week:
 Seasonal (Available for Limited Agencies)

SECTION 2 - Allocate a New Position or Refill a Vacant Position

New Position (HR will request PIN)

Refill Vacant Position: Reinstatement [Probationary Permanent] Promotion Demotion Transfer

Vacated By: _____ Title of Previous Incumbent: _____

Date and Reason the Position was Vacated: _____

SECTION 3 - Reallocate or Salary Adjustment to an Existing Position

Reallocate From: _____ To: _____

Salary Adjustment (See funding information for details)

Occupied By: _____ Current Job Title: _____

SECTION 4 - Position Justification

Proposed Effective Date: _____

If this request is for a salary increase or reallocation ONLY, skip to question 6

- 1.) Describe the impact/risk of not filling this position:

- 2.) Does this position require a specialized skill set?

- 3.) Briefly describe the duties associated with this position:

- 4.) Are there any unique circumstances that must be fulfilled with this position?

- 5.) Describe the impact/risk of delaying the filling of this position for six (6) months:

- 6.) Additional justification relative to this request:



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SECTION 5 - Funding Information

Budgeted Salary: \$		<input type="checkbox"/> Increase <input type="checkbox"/> Decrease: \$		% Change		
Funding: Funding Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Fiscal Impact:				
Class-Fund	Fund Type	Department	Bud Ref	Combo Code	Percent	Dollars

Approval

Requester:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Manager :	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Human Resources:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Finance:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Division Director:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
CIO/Business Segment Director:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Cabinet Secretary:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected

After Approval, Insert the Name and the Employee ID of the Person Affected

Name:	EMPLID:
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Reason for Rejection: