

STATE OF ALASKA NONPERMANENT POSITION REQUEST

Division of Personnel Use Only	
PCN: _____	
Multiple PCN Range: _____ - _____	
Type Code: _____	Start Date: ___/___/___
Bargaining Unit: _____	End Date: ___/___/___
<u>Extensions:</u>	<u>Notes:</u>
New End Date: ___/___/___	
Approval: _____	

Position Status Information

[] Dept.	[] Region	[] Division	[] Section	[] Geo Code	[] Class Code	[] Range
Class Title []				Location []		
No. of positions requested*: []				<input type="checkbox"/> Full-time. <input type="checkbox"/> Part-time. <input type="checkbox"/> Hours will vary each week.		

*Note: Positions cannot vary from each other in any category (Same title, duties, location, etc.).

REASON FOR REQUEST (Check one)

- An immediate need exists which this agency could not have reasonably anticipated and met through the creation of a permanent position. The circumstances and the reason we could not anticipate this need is explained below (GGU 120 day max; SU: 90 day max).
- A project exists and the need for an employee can be most appropriately met through the use of a nonpermanent project employee (short or long term).
- Student Intern/College Intern/ Graduate Intern—an Intern program exists and the need can be most appropriately met through the use of a program employee.
- A nonpermanent substitute employee is needed to perform the work of a permanent employee. (Substitute for PCN _____).
- On-call Substitute (One PCN may hold multiple incumbents).

REQUESTED START DATE _____ END DATE _____

BRIEFLY EXPLAIN THE PURPOSE OF THIS POSITION. DESCRIBE THE PROJECT OR PROGRAM IF APPLICABLE

(Attach additional page if necessary).

LIST THE ESSENTIAL DUTIES OF THE POSITION. BEGIN WITH THE MOST IMPORTANT DUTY. LIST DUTIES IN A DECREASING ORDER OF IMPORTANCE (Attach additional page if necessary).

- Yes No Position requires professional certification or licensure.
- Yes No Position requires possession of/access to firearms or ammunition.
- Yes No Position requires possession of a Commercial Drivers License (CDL).

METHOD OF RECRUITMENT REQUESTED:

- Workplace Alaska
- High School Intern
- Union Dispatch
- College Intern
- Other/ Job Center (Short Term)
- Graduate Intern
- Rehire (Long Term/waive WPA. Approval subject to Employee or Technical Services subsequent review)

Name and Title of Hiring Manager (please print): _____

Phone: _____

Signature _____

Date _____

FUNDING SOURCE:

I certify that the above checked condition exists and that adequate funds are available for the anticipated duration of this appointment. I am aware that certifying false, inaccurate, or misleading documents constitutes an unsworn falsification punishable under AS 11.56.210.

Department Certifying Officer (Administrative Services Director) _____

Signature _____

Date _____

Division of Personnel Use Only:

- APPROVED AS REQUESTED
- APPROVED WITH QUALIFICATIONS NOTED

Director, Division of Personnel (or designee) _____

Date _____