

DEPARTMENT OF MILITARY AFFAIRS  
STATE HUMAN RESOURCES  
PRACTICE AND PROCEDURE MANUAL

STATUS: ( X ) FINAL ( ) DRAFT  
EFFECTIVE DATE: 3/25/2016

BULLETIN NO.: 4.105  
PAGE: 1 of 3

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SUBJECT: Position Action Requests

SECTION: Recruitment and Selection

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## I. OVERVIEW

The Position Action Request (PAR) is an important form/document that initiates a variety of actions, executed by multiple staff, and reviewed by management up to and including The Adjutant General. The outcomes of a PAR are significant in terms of personnel costs, use of position authority, workforce structure, and impact on strategic priorities. Requestors must exercise sound program and personnel management analysis and decision making when developing a PAR.

## II. POLICY

- A. The State Human Resources (SHR) Office will NOT process any PAR's for an "idea" or "concept" still in development, or if hiring supervisor requests an alteration during the process. Hiring supervisors and their chain of command must rectify any uncertainties prior to submission. If this occurs, SHR will suspend the process until receipt of a written explanation.
  - i. Examples of "alterations" include, but are not limited to, significant deviations in the type of position (e.g. LTE versus permanent), the nature of the position (e.g. clerical versus professional), geographic and organizational location, etc.
  - ii. A review will occur to determine if the change in direction warrants submission of a new PAR or if the process will resume as originally submitted or as modified.
- B. SHR will NOT process a PAR for an existing position unless it is vacant or until SHR has received a written letter of resignation, signed by the incumbent, with termination date confirmed.
- C. First and second line supervisors must always sign the PAR. Base Commanders, Administrators, and Directors must review and sign ONLY if the request is "replace changed duties" (definition below) or for new position authority. Base Commanders, Administrators, and Directors may, at their discretion, require their review and signature for "replace same duties" requests.
- D. Hiring supervisor must complete all PAR's in full, with complete justification and required attachments, and submit to their assigned HR Specialist. Email is the only authorized delivery method for PARs. SHR will NOT accept incomplete submissions and will notify the hiring supervisor immediately. Please do not submit additional hard copies of the PAR by mail or other methods.

- E. Hiring supervisors must submit a position description (PD) with every PAR. The PD should be in MS Word and attached to the same email as the PAR. Supervisors will complete the PD cover page in accordance with WHRH Chapter 310.050. After the position is filled, SHR will fill out their portion of the PD cover page and send the PD to the hiring supervisor for his/her signature as well as the new employee. After all signatures are acquired, the hiring supervisor must make two copies, one for the employee and one for themselves, and the original must be sent to the assigned HR Specialist by the end of the employee's first week of employment.

### III. PAR Form Instructions

- A. Please identify, at a minimum, the Base, Division or Directorate where the position is located. You may provide other organizational identifiers such as Bureau, Section, Office, etc.
- B. Fill Existing Position
  - 1. The position number field can be left blank if unknown. Provide the name of the former incumbent and the termination date (i.e. last day on payroll).
  - 2. Definitions
    - a. **Replace Same Duties:** Job assignments, duties and responsibilities are the same, as are reporting relationships. Knowledge, Skills and Abilities (KSA) and Special Requirements remain the same. Minor modifications to the PD may occur to update terminology, address clerical errors, etc.
    - b. **Replace Changed Duties:** New work assignments added, previous assignments abolished, or increased/reduced in time percentages, change in reporting relationships, changes in customer base, technology or regulation that effects how work is performed or the level of consequences, changes in KSA's or Special Requirements (e.g. Common Access Card, Driver's License, travel, etc.).
- C. Request New Position
  - 1. If the need for a new position is temporary please utilize the Limited Term Employment (LTE) or Project Position checkboxes if you are familiar with these position types. Indicate, with numbers, the duration of employment (number of months) and number of hours per pay period (bi-weekly) required to meet the operational need.
    - a. LTE positions are limited to 1039 hours per twelve months. Project positions are typically full time for one or two years, with the possibility to extend not to exceed four years total.
    - b. If there are questions about which option is best for operations, complete the duration and hours worked fields and leave blank the LTE and Project Position boxes. Your assigned HR Specialist will contact you to discuss.

- D. For all requests, indicate if the funding source is a grant or cooperative agreement and if so identify the agreement and activity.
- E. A complete work location and address is required for all requests.
- F. A work schedule (e.g. M-F) and the hours of work (e.g. 9 am – 5 pm) is required for all permanent and project position requests.
- G. Justification, Page 2
  - 1. The Department of Administration requires answers to the three questions on page two.
  - 2. SHR will not accept submissions that contain non-specific language (e.g., “the position is critical to the successful operation of the agency” or “the agency cannot function unless this position is filled”).
  - 3. SHR will accept standardized justifications for certain operations that have specific staffing requirements when positions are the same or very similar. Examples include Fire/Crash, Security, and Challenge Academy operations.
  - 4. Excluding the aforementioned, SHR will flag and scrutinize patterns of cut-and-paste, one-size-fits-all justifications and those that lack compelling justification. SHR will contact the hiring supervisor to obtain more information, discuss ways to improve the justification, provide advice on alternatives to the requested action, etc.

Attachments:

DMA Form 12-E-R (Rev April 2020)

**POSITION ACTION REQUEST**  
**Department of Military Affairs**

Base/Division/Directorate:

**Fill Existing Position:**

Position Number:	Name of Former Incumbent:	Term Date of Former Incumbent:	<input type="checkbox"/> Replace, Same Duties
			<input type="checkbox"/> Replace, Changed Duties

**Request New Position** (\*Attach funding commitment/obligation document(s) from funding source)

<input type="checkbox"/> Permanent		
<input type="checkbox"/> Limited Term Employment (LTE)	Anticipated Duration of Employment (number of months):	Hours per pay period
<input type="checkbox"/> Project Position		

Is funding source a grant or cooperative agreement? *(This is for existing and new positions)*

No

Yes: Which Agreement? \_\_\_\_\_ What Activity? \_\_\_\_\_

Work Location Address:	Work Schedule / Hours of Position:
Street: _____ City: _____ ZIP: _____	

Approved by First Line Supervisor:	Date:
Print Name: _____ Signature: _____	

Approved by Second Line Supervisor:	Date:
Print Name: _____ Signature: _____	

Base Commander/Division Administrator/Directorate Director:	Date:
Print Name: _____ Signature: _____	

**For Administrative Use Only**

**For State Human Resources Use Only:**

Class Title:	Class Code:	Pay Schedule/Range:	Hourly Rate:
Delegated Class Title	<b>CERT #</b>	<input type="checkbox"/> Exempt	State HR Specialist Initials:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Non-exempt	DPM Initials:

**State Budget and Finance Use Only:**

Task Group: \_\_\_\_\_ Task Profile: \_\_\_\_\_ State:  \_\_\_\_\_ %

Federal:  \_\_\_\_\_ %

<b>State Budget and Finance Director:</b>	Date:
Print Name: Anna M. Oehler Signature: _____	

<b>State Human Resources Director:</b>	Date:
Print Name: Stacie A. Meyer Signature: _____	

<b>Executive Assistant</b>	Date:
Print Name: Michael T. Hinman Signature: _____	

**Appointment:**

Job Announcement Code: \_\_\_\_\_

Print Name: \_\_\_\_\_ EmplID: \_\_\_\_\_ Effective Date: \_\_\_\_\_

New Original     Transfer     Reinstatement     Promotion     Demotion     Project     LTE

## Justification

The purpose of the position review is to ensure that only those positions critical to the Agency's ongoing operations are filled or created. In submitting the justification to fill a vacant position, an agency must be able to demonstrate the role of the position in addressing a mission-critical function.

Submissions that contain non-specific language (e.g., "*the position is critical to the successful operation of the agency*" or "*the agency cannot function unless this position is filled*") will not be accepted.

### 1. Identify the specific population served by the position.

### 2. Identify the consequences if the request is not approved.

### 3. Identify how the functions would be fulfilled if the request is not approved.