State of Wisconsin Department of Military Affairs State Human Resources Office DMA-3100 (R. 11/2025)

Hiring Justification



INSTRUCTIONS: This form must be completed for all permanent and project appointments. The completed form must be returned to the assigned HR Specialist and then approved by either the State HR Director, Deputy HR Director, and/or the Equity & Inclusion Officer **prior** to an offer being made. This form may not be submitted to Human Resources until the interviews and employment references are completed and results have been reviewed by the hiring supervisor.

SECTION 1 (to be completed by hiring	g supervisor	·)			
WORK UNIT (BASE, DIVISION, DIRECTORATE)	LOCATION		HIRING SUPERVISOR		
NAME OF PROPOSED HIRE	POSITION CI	_ASSIFICATION		RECOMMENDED SALARY \$ /Hour	
PROPOSED START DATE (MUST be at the beginning of a pay period)	ASSIGNED H	IR SPECIALIST		JOB ID #	
SELECTION SUMMARY (Check <u>ONE</u> selecting this candidate over the other ca		hich best describes th	e most sig	nificant reason for	
☐ A. Selected person served in this position or a similar position previously					
☐ B. Selected person has more advanced education and/or training for this position					
☐ C. Selected person has broader or more relevant experience performing the duties of this position					
D. Selected person demonstrate	es greater kn	owledge of the key tas	sks require	ed in this position	
NUMBER CANDIDATES INTERVIEWED		NUMBER OF POSITIONS BEING FILLED			
SECTION 2 (to be completed by hiring supervisor)					
WRITTEN HIRING JUSTIFICATION: Proselected candidate over the other applicate relevant experience, educational backgroreference checks.	nts (e.g., nui	mber of years in profe	ssion, yea	rs of experience, past	

SECTION 3 (to be completed by hiring supervisor)					
PAY UPON APPOINTMENT JUSTIFICATION: Explain why you are requesting this rate of pay. This section is required for all broad banded positions and hiring actions that allow for discretion in setting pay. In reviewing pay recommendations, HR considers current budget, state seniority, pay of others within the same classification, pay of others doing similar work within DMA, the experience and education detailed in the resume of the selected candidate, other written information submitted by the selected candidate in the application process, references of the selected candidate, the selected candidate's performance in their interview(s), and post-certification testing results (if applicable). In writing this justification, include available information relevant to these considerations.					
SECTION 4 (I acknowledge the above information is correct and has been completed.)					
SIGNATURE OF HIRING SUPERVISOR	DATE				
SECTION 5 (to be completed by HR Specialist)					
All positions are underutilized for veterans and persons with disabilities (select ONE box below)					
1) Selected candidate is a veteran and/or person with disability					
 2) No veterans or persons with disabilities were on the certification or all either declined an offer, failed to report, were not available, were not located or were not interested in or were ineligible for the position 					
☐ 3) Selected candidate is NOT a veteran or person with disability					
SECTION 6 (HR Director or Deputy HR Director approval is required prior to an offer being made)					
SIGNATURE OF HR DIRECTOR OR DEPUTY HR DIRECTOR	DATE				
SECTION 7 (Equity & Inclusion Officer's signature is required if p SIGNATURE OF EQUITY & INCLUSION OFFICER	osition is underutilized) DATE				
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