REQUEST FOR 89-DAY NON-CIVIL SERVICE APPOINTMENT APPROVAL
(To be used after the 1st non-civil service appointment)

I. DEPARTMENT OF _________________________________________________________________

II. CANDIDATE INFORMATION
A. NAME__________________________________________________________
   Last   First   MI

B. Within the last three months, was the prospective employee employed in your department in a non-
civil service appointment?  YES  NO
   If yes, and you wish to request a waiver, provide a written justification for your request in IV below.

III. POSITION INFORMATION
A. JOB TITLE ______________________________ SR _____  BU _____  POSITION NO. ___________
   LOCATION _______________________  Type of Position:  ☐ Permanent  ☐ Temporary

B. Does the position require any statutory or regulatory license/certification/registration to practice in
   the occupation?  YES  NO
   If yes, does the prospective employee possess the necessary license, certificate or registration?
   YES  NO

   Note: An HRD 305, Requisition for Certification of Eligibles, must be submitted when an appointment
   of longer than 89 calendar days, or 37 weeks at less than 20 hours per week, is planned.

IV. REASON FOR THE ANOTHER APPOINTMENT (POSITION/EMPLOYEE)
   EFFECTIVE DATE:________________

   Attach a copy of your approval (Post RIF) from the Governor or Chief of Staff:

   MEANS OF FINANCING: (Please check all that apply)
   ☐ CIP  ☐ Inter-Dept Transfer  ☐ Other:________________
   ☐ County Funds  ☐ Private Contributions  
   ☐ Federal  ☐ Revolving
   ☐ Federal Stimulus (ie ARRA)  ☐ Special
   ☐ General  ☐ Trust

V. EMPLOYING AGENCY
   I hereby certify that the above named employee will perform the duties and responsibilities
   characteristic of the position for the class for which the employee was appointed.

   Signature for Employing Agency ____________________________ Date ___________________

VI. HRD APPROVAL/ DISAPPROVAL
   Your request for approval of the above action is:  ☐ Approved  ☐ Disapproved

   Signature ____________________________ Date ___________________