

**TO:** \_\_\_\_\_\_

**FROM:**

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_

**RE:** **REQUEST TO APPOINT- Special Payments Payroll**

**NAME:**

**SS# / W#:**

**ADDRESS:**

**DATE OF BIRTH:**  **RACE/SEX:**

**CLASSIFICATION:**

**PIN#:**  **PCA Code (3-digit #):** **AGENCY CODE:**

**FUND CODE:** (If the fund code is changing, a separate written request must be submitted to your HR Officer)

**Is this an additional State position? \_\_\_\_\_\_\_\_\_\_\_**

**EFFECTIVE DATE:**  **OFFICE PHONE #**

**This request is to hire above base:**  yes \_\_\_\_ no

**If yes, step requested:**  (attach request to hire above base form and applicant's salary demand letter)

**attachments: List of applicants interviewed & status**

**State Employment Application**

**Release of Information (signed)\*\*\***

**Criminal Background Form (signed)\*\*\***

**Receipt of Position Description (signed)\*\*\***

**Reference Check\*\*\***

**EEO Applicant Data Form**

**Above base salary request (if applicable)**

**Copy of DBM Personal Services Contract**

**NOTE: This form contains personal and confidential information, please make sure you keep completed forms in a secure place.**