*This form should be used for actions related to filling a vacant position, modifying an existing position (whether filled or vacant), or adding a new position under an Interagency Agreement. This form should only be used for Staffing Agreements, and is NOT required for changes in staff on Interagency Agreements for services.*

Date of Request:\_\_\_\_\_\_\_\_\_\_ Signature of Deputy Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION I. Interagency Agreement Information**

1. OPASS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of IA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Total Amount (w/options): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IA Period (w/options): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Program Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Indicate status of all positions currently supported by this IA: \_\_\_\_\_ vacant \_\_\_\_\_ filled
7. Funding Source: GF, FF, SF *or* RDF (please circle all that apply)

(GF = general funds; FF = federal funds; SF = Special funds; RDF = reimbursable funds)

**SECTION II. Federal Funding**

*Please complete the following if Federal Funds are used to support the IA.*

1. Does this IA fulfill the requirements of a federal grant? Yes ☐ No ☐
2. Grant title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CFDA#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Grant Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Is the position(s) for which action is requested specifically identified in the Federal grant? Yes\* ☐ No ☐
5. Does the federal grant documentation identify this position(s) as being acquired through the University? Yes\* ☐ No ☐

*\* Please attach a copy of the applicable page(s) of the Grant documentation (application, budget, award, etc.) that support these statements*.

**SECTION III. DETAIL INFORMATION FOR POSITION(S)**

*Please complete the following for each position requested*.

Indicate # of positions for which approval is being request: \_\_\_\_\_

|  |  |
| --- | --- |
|  | Position  |
| Request Type:Fill Existing Vacant Position (V) or Modify an Existing Position (M) orAdd a New Position (N)  |  |
| Title of Position |  |
| Date Vacant orEffective Date of new position: |  |
| % FTE or Estimated Hours to Be Worked |  |
| Budgeted Amount (Salary & Benefits) or Hourly Rate |  |
| Please provide a brief description of the duties or responsibilities related to this position |  |
| If Modifying a Position: |  |
| * existing (old) position’s title
 |  |
| * Is existing position vacant or filled?
 |  |

*If there is more than one position for which action is being requested. please include detail information for each position. (You may duplicate, copy/paste or use the attached form.)*

**SECTION IV. JUSTIFICATION FOR STAFF REQUEST**

*Please complete the following for all positions requested*.

1. Why can’t these duties be accomplished by an existing or new State employee?
2. What alternatives have you considered (SPP, etc.)? Why is the IA position a better option?
3. What are the consequences (fiscal and public health) if this position is not filled/modified?

**SECTION V. NEW POSITION(S)**

*Please complete the following if a requesting to MODIFY or add NEW position(s).*

1. What is the main purpose/duties of this new position?
2. How does the new position support the mission of MDH?
3. How does the new position fit with the purpose of this IA?
4. How did the need for this position develop? How long with this position be needed?
5. If a modified position, why is the eliminated position no longer needed?

 Approval Determination:

 ☐ approved ☐ denied

Remarks/Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dennis R. Schrader -COO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**ATTACHMENT to Interagency Agreement Staffing Request: Continuation of Section III**

DETAIL INFORMATION OF POSITIONS FOR WHICH REQUEST IS BEING MADE:

|  |  |
| --- | --- |
|  | Position |
| Request Type:Fill Existing Vacant Position (V) or Modify an Existing Position (M) orAdd a New Position (N)  |  |
| Title of Position |  |
| Date Vacant orEffective Date of new position: |  |
| % FTE or Estimated Hours to Be Worked |  |
| Budgeted Amount (Salary & Benefits) or Hourly Rate |  |
| Please provide a brief description of the duties or responsibilities related to this position |  |
| If Modifying a Position: |  |
| * existing (old) position’s title
 |  |
| * Is existing position vacant or filled?
 |  |
|  |  |
|  | Position |
| Request Type:Fill Existing Vacant Position (V) or Modify an Existing Position (M) orAdd a New Position (N)  |  |
| Title of Position |  |
| Date Vacant orEffective Date of new position: |  |
| % FTE or Estimated Hours to Be Worked |  |
| Budgeted Amount (Salary & Benefits) or Hourly Rate |  |
| Please provide a brief description of the duties or responsibilities related to this position |  |
| If Modifying a Position: |  |
| * existing (old) position’s title
 |  |
| * Is existing position vacant or filled?
 |  |

*Please add additional pages as necessary*