DHMH CONTRACTUAL EMPLOYMENT FIRST LEVEL QUESTIONNAIRE

Unit Name and Appropriation Code: _____

Contractual Position to be Filled: _____ % Employed_____

Select one: New Hire ☐   Renewal ☐ (Name of employee if renewal)_____

Pay Grade & Step: _____   Original Hire Date: _____

Contractual employment arrangements are intended only for temporary purposes. Section 13-202 of the State Personnel and Pensions Article provides that contractual employment may only be used for services that cannot be performed by assignment, or hiring, of a permanent employee and for services that are: infrequent; needed for a limited time; unusual; or need to be implemented quickly and for which there is no reasonable alternative.

1. Does your unit currently have a vacant PIN in this classification?   ☐ Yes ☐ No
    -If Yes please explain why this PIN will not be filled: _____
    _____

2. Can the functions of this position be performed by an employee in an existing PIN or re-delegating the work among multiple PINs?
    ☐ Yes   ☐ No

3. What is the projected time frame to complete the necessary work?
    ☐ 0-6 months
    ☐ 6-24 months
    ☐ >24 months

4. Is the work unusual in nature (not typically contained in the job descriptions of existing or available PINs)?
    ☐ Yes   ☐ No

5. Does the work need to be implemented quickly (sooner than the ordinary approval and recruitment process)?
    ☐ Yes   ☐ No

6. EXCEPTIONS: Are you considering a contractual employee in one of the following categories? (Select all that apply.)
    ☐ Retirees
    ☐ Clinicians
    ☐ Physicians
    ☐ MIPAR researchers
    ☐ Employees operating under grants
    ☐ Nutritionists
    ☐ Maintenance professionals
    ☐ Support staff for time-limited transitional projects that extend more than a year, such as major IT development efforts
    ☐ Other professionals with specialized expertise (Please describe: _____
    _____)

7.   Is there another compelling justification - other than those mentioned - for your unit to hire a contractual employee?

●   Please explain: _____

_____

_____

_____

_____

_____

(attach additional documentation as needed)

Appointing Authority: _____   Signature: _____

Prepared By: _____   Date: _____

OHR Approval: _____   Date: _____