

This form is to be completed in conjunction with Compelling Management Need Assignments (CMNA) requests. Please refer to the [Personnel Operations Manual \(POM\)](#) CMNA Section for additional information.

SECTION 1 – POSITION REQUEST

DEPARTMENT, DIVISION, OFFICE/BRANCH AND/OR UNIT

PROPOSED CLASSIFICATION PROPOSED EFFECTIVE DATE PROPOSED END DATE (MAX 24 MONTHS)

HIRING MANAGER NAME WORK PHONE NUMBER WORK EMAIL ADDRESS

SECTION 2 – JUSTIFICATION

Describe in detail the temporary nature of the assignment.

Describe in detail the projects and or assignment(s), related to this request, that require a higher level of knowledge and/or expertise.

Describe why this assignment cannot be obtained under normal staffing procedures (i.e. creating and implementing new processes, workload, staffing strategies, reinstatement, etc).

Describe the impact(s) on the program or unit if this request is not approved.

By writing my name below, I acknowledged I have read and approve the above request and certify the accuracy of the information provided.

REQUESTING OFFICE DEPUTY DIRECTOR NAME DEPUTY DIRECTOR SIGNATURE DATE SIGNED

SECTION 3 – CMNA CANDIDATE INFORMATION

CANDIDATE NAME	CURRENT CLASSIFICATION	POSITION NUMBER
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CURRENT DEPARTMENT, DIVISION, OFFICE/BRANCH AND/OR UNIT

Describe the qualifications of the selected candidate.

Describe the selection process.

SECTION 4 – OFFICE OF HUMAN RESOURCES REQUIRED APPROVALS

By writing my name below, I acknowledged I have read and approve the above request.

OFFICE OF HUMAN RESOURCES CHIEF NAME	OFFICE CHIEF SIGNATURE	DATE SIGNED
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ADMIN DIVISION DEPUTY DIRECTOR NAME	DEPUTY DIRECTOR SIGNATURE	DATE SIGNED
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