

SECTION 1 – EXAMINATION INFORMATION

DIVISION	OFFICE	EXAMINATION FISCAL YEAR				
EXAMINATION CLASSIFICATION	PROPOSED TIMEFRAME		1ST QTR	2ND QTR	3RD QTR	4TH QTR
EXAMINATION ADMINISTRATION	CALHR – HIGH COST, CONTINUOUS FILING, CONTINUOUS TESTING		DGS – NO COST, CONTINUOUS FILING, PERIODIC TESTING			
MARK ALL CRITERIA APPLICABLE TO THE EXAMINATION BEING REQUESTED:						
NO APPROPRIATE LIST (CONFIRMED WITH ASSIGNED EXAM ANALYST)	REVENUE GENERATING					
VACANCIES IN REQUESTED CLASSIFICATION	ANTICIPATED RETIREMENT					
DIFFICULT TO RECRUIT/TARGETED RECRUITMENT REQUEST	NO CURRENT/ACTIVE LIST					
TEMPORARY AUTHORIZATION UTILIZATION (TAU)	TRAINING AND DEVELOPMENT (T&D)					

SECTION 2 – JUSTIFICATION

PLEASE BRIEFLY EXPLAIN THE BOX(ES) CHECKED ABOVE. IF NO BOXES ARE CHECKED, PROVIDE A JUSTIFICATION FOR THIS EXAMINATION REQUEST, INCLUDING ALL RELEVANT BUSINESS NEEDS AND ALL BACKGROUND INFORMATION WHICH MAY OR MAY NOT INCLUDE: PENDING BUDGET CHANGE PROPOSALS, APPROVED RE-ORGANIZATIONS, RECRUITING DIFFICULTIES, OR CURRENT OR IMPENDING VACANCIES.

DESCRIBE THE CONSEQUENCES IF EXAMINATION IS NOT APPROVED.

REQUEST PREPARED BY _____ WORK PHONE NUMBER _____ WORK EMAIL ADDRESS _____

SECTION 3 – REQUIRED APPROVALS – BY SIGNING BELOW, I AM ACKNOWLEDGING THE EXAMINATION REQUEST.

OFFICE CHIEF/DEPUTY DIRECTOR NAME _____ SIGNATURE _____ DATE _____

SECTION 4 - OFFICE OF HUMAN RESOURCES

REQUEST STATUS	APPROVED EXAMINATION TYPE	APPROVED TIMEFRAME			
APPROVED	DENIED	1ST QTR	2ND QTR	3RD QTR	4TH QTR
EXAMINATION MANAGER -- I AM ACKNOWLEDGING THE STATUS OF THIS REQUEST.					DATE