

# REQUISITION FOR EMPLOYEE

STATE OF MAINE  
BUREAU OF HUMAN RESOURCES

### ACTION REQUEST

- A  Request to Fill Vacancy  
B  Request for Certification

## POSITION INFORMATION

<u>DEPARTMENT/AGENCY NUMBER</u>		<u>BUDGET POSITION NUMBER (10 DIGITS)</u>		<u>UNIT DIVISION</u>	
<u>DEPARTMENT/AGENCY</u>		<u>BUREAU/DIVISION</u>		<u>STATION NUMBER</u>	
<u>CLASS CODE</u>	<u>CLASS TITLE</u>	<u>RANGE</u>	<u>OPTION</u>	<u>WORK LOCATION</u>	
<u>POSITION TYPE</u> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> PROJECT <input type="checkbox"/> SEASONAL <input type="checkbox"/> ACTING CAPACITY					
<u>FUND CODE</u>		<u>CONTACT PERSON</u>		<u>PHONE NUMBER</u>	
<u>DATE VACATED (IF APPLICABLE)</u>			<u>NAME OF LAST INCUMBENT</u>		

## CERTIFICATION / RECRUITMENT INSTRUCTIONS

<u>TYPE REQUESTED:</u> <input type="checkbox"/> Standard <input type="checkbox"/> Agency Promotional <input type="checkbox"/> Statewide Promotional <input type="checkbox"/> Agency/Statewide <input type="checkbox"/> <b>Open Competitive*</b> <input type="checkbox"/> Transfers Only <input type="checkbox"/> Demotions Only <input type="checkbox"/> Trainee Only <input type="checkbox"/> <b>Reemployment*</b> <input type="checkbox"/> Acting Capacity <input type="checkbox"/> Direct Hire	<u>ADDITIONAL INSTRUCTIONS:</u> <input type="checkbox"/> <b>Selective*</b> <input type="checkbox"/> Include Transfers <input type="checkbox"/> Include Demotions <input type="checkbox"/> Extended <input type="checkbox"/> Female <input type="checkbox"/> Specific Transfer(s):  <input type="checkbox"/> Specific Demotion(s):	<u>OPEN FOR RECRUITMENT*:</u> <input type="checkbox"/> AP <input type="checkbox"/> SWP <input type="checkbox"/> OCP
		<u>ADVERTISING:</u> <input type="checkbox"/> None <input type="checkbox"/> Single Line Ad <input type="checkbox"/> Posting Only <input type="checkbox"/> Block <input type="checkbox"/> Internet <input type="checkbox"/> Special
<u>SPECIAL CONSIDERATIONS/INSTRUCTIONS/REASON FOR OPENING REGISTER:</u>  <i>In requesting to fill this position, I have reviewed the Statewide Layoff List for Unclassified and Non-Competitive Appointments.</i>		
<u>SIGNATURE OF APPOINTING AUTHORITY OR REPRESENTATIVE</u>	<u>TITLE</u>	<u>DATE</u>

## BUREAU OF HUMAN RESOURCES

A <input type="checkbox"/> Authorized to Fill Vacancy B <input type="checkbox"/> Certification Number _____ Issued	<u>DATE:</u>
<u>SIGNATURE - DIRECTOR, BUREAU OF HUMAN RESOURCES OR REPRESENTATIVE</u>	

**INSTRUCTIONS FOR COMPLETING REQUISITION FOR EMPLOYEE (PER 15)**

The REQUISITION FOR EMPLOYEE (PER 15) is designed to provide agency human resource personnel with a uniform method of requesting authorization to fill vacancies and/or requesting a certification list for a vacant position(s). One PER 15 may be used to request authority to fill and/or a certification list for multiple positions in the same classification provided all **POSITION INFORMATION** (e.g. Bureau/Unit/Division, Option, Work Location, Position Type) are the same.

The following instructions apply when completing the PER 15:

**ACTION REQUEST:**

- A. Request to Fill Vacancy – If prior approval is required to fill a vacancy (such as an exception to a freeze of a direct hire position), check this box. Complete the POSITION INFORMATION and other applicable items and forward the request to the Bureau of Human Resources.
  
- B. Request for Certification – If you wish to receive a certification of names, check this box. (If prior approval is required to fill the position, such as an exception to a freeze, check box A also). Complete the POSITION INFORMATION and CERTIFICATION/RECRUITMENT INSTRUCTIONS sections and forward the request to the Bureau of Human Resources.

**POSITION INFORMATION:**

Company Number .....Enter Agency processing company number.  
Budget Position Number(s).....Enter budget position number(s) for position(s) (up to 10 digits to be filled).  
Unit Division.....Enter Unit Division to which position is assigned.  
Department/Agency .....Self explanatory.  
Bureau/Division .....Enter Bureau/Division to which position is assigned.  
Station Number .....Enter assigned State House Station number.  
Class Code .....Enter appropriate class code (four or six digit).  
Class Title .....Self explanatory.  
Range .....Self explanatory.  
Option .....Enter option title if one is assigned to position.  
Work Location .....Enter where position is located, e.g. Augusta, Lewiston, etc.  
Position Type .....Check applicable boxes.  
Fund Code.....Enter position accounting code.  
Contact Person .....Name of person to contact for more information about position.  
Phone Number .....Phone number of CONTACT PERSON.

**CERTIFICATION/RECRUITMENT INSTRUCTIONS:**

**TYPE REQUESTED:** Check the box beside the type of certification you are requesting. Check only one box in this section. **Justification is required for Open Competitive and Reemployment Certifications.** Definitions are attached.

**ADDITIONAL INSTRUCTIONS:** Check the box(es) beside the applicable item(s). More than one box may be checked. **Justification is required for a Selective Certification and must contain the specific criteria on which the selection is to be based.** Definitions are attached.

OPEN FOR RECRUITMENT (*justification is required*):

If requesting to open the register, check the type of recruitment desired (*check only one*) and provide the reason for the request in the SPECIAL CONSIDERATIONS/INSTRUCTIONS REASON FOR OPENING REGISTER section.

AP: Agency Promotional – Only employees of the requesting Department may apply;

SWP: Statewide Promotional – Only employees with promotional status in the Executive Branch of Maine State Government may apply; or

OCP: Open Competitive & Promotional – Anyone may apply.

ADVERTISING (*If requesting to open the register, check the type of advertising desired*):

None:

No ad will be run. This usually applies to AP recruitments only.

Internet:

If checked, BHR will place a single line with an attached bulletin on the Internet. There is no charge for this service.

Special (*OCP only*):

Check this box if the Agency plans to run the ad in papers and magazines of their choosing, television, etc. The Agency is responsible for placement of special advertising and must coordinate the timing of these ads to comply with established recruitment periods.

SPECIAL CONSIDERATIONS/INSTRUCTIONS/REASON FOR OPENING REGISTER:

Use this section to justify Open Competitive, Reemployment, or Selective certification requests and provide/explain special instructions and requirements. Additional sheets may be used when necessary.

SIGNATURE OR APPOINTING AUTHORITY OR REPRESENTATIVE:

Self Explanatory. If Submitting by E-Mail, type in appropriate name.

The PER15 may be submitted electronically. It should be e-mailed to the Certification Supervisor. Otherwise, a hard copy must be printed and sent to Certification Supervisor, Bureau of Human Resources, 4 State House Station, Augusta, ME.