State of Maine Hiring Justification Form

Date:	
Department Name & Company Number:	
Bureau/Division Name:	
Job Class or Working Title, and Job Class Code:	
Reason for Vacancy:	

Position Number	Date Vacated	% General Fund	% Other Funds

Explanation of need for the position, and identification of alternatives considered for accomplishing the Agency's mission without additional hiring:

Commissioner or Agency Head Approval		Governor's Review		
Name:		Approved		Signature:
Signature:		Denied		
Date:		Date:		