

STATE OF MAINE
DEPARTMENT OF PERSONNEL

May 1, 1978

PERSONNEL MEMORANDUM 16-78

TO: Agency Heads/CETA Representatives

SUBJECT: FJA 2(A) Request for Extension and/or Refill of Established State
CETA Funded Position

Effective immediately, all requests for Extension and/or Refill of Established State CETA funded positions will be completed in four (4) copies and processed as follows: (Please see attached sample FJA 2(A); also provided is a blank FJA 2(A) for reproduction purposes).

1. FJA 2(A) front portion will be completed by requesting agency.
2. FJA 2(A) (all copies), then forwarded to agency representatives responsible for maintenance and control of personnel actions/records.
3. After internal review and approval by personnel representative (2), FJA 2(A) (all copies) will be signed and dated by Commissioner of that Department.
4. FJA 2(A) (all copies) then forwarded to Funding Source. They may approve, deny or hold request for future consideration. Denials or "holds" will be reported directly to Department concerned.
5. Approved FJA 2(A) back portion will be completed by Funding Source and distributed as follows:
 - A. Funding Source file copy
 - B. Department Concerned
 - C. Department of Personnel
 - D. Office of CETA Planning and Coordination
6. The Department of Personnel will abolish/terminate the employee/position on the established dates, unless FJA 2(A) is received prior to established ending dates.

ROBERT J. STOLT
COMMISSIONER

MAY BE REPRODUCED LOCALLY TO MEET DISTRIBUTION NEEDS

DATE:

SUBJECT: REQUEST FOR EXTENSION AND/OR REFILL OF ESTABLISHED STATE CETA FUNDED POSITION

TO: CETA Funding Source
(Reference, Reverse Side of FJA 2, Part V)

To be completed by requesting agency: (Reference, FJA 2, Part II)

Classification Title (Reference, FJA 2, Part I, Section B)		Class Code	Dept. No.	Allocation No.
Position Location City/Town (Ref., FJA 2, Part II)	County (Self Explanatory)	Department/Bureau/Institution (Ref., FJA 2, Part IV)		
Salary	Name of CETA Participant	Date Hired	Present Termination	Date

Request the extension be granted until _____ Date (Self Explanatory)

Request the refill of the established CETA funded position. (Self Explanatory)

This position is currently being funded under CETA Title ___ I, ___ II, ___ III, ___ VI, ___ IX, ___ Other CETA (Specify) (Reference, FJA 2, Part IV)

Justification of this request: (Self Explanatory)

(Self Explanatory)

Signature of Commissioner/Director Commissioner/Director Date
Type Name and Title

To be completed by funding source: (Self Explanatory)

Request for extension allowed _____ disallowed _____

Request for refill allowed _____ disallowed _____

Date Funding Will Begin

Date Funding Will End

INDICATE FUNDING SOURCE:

CETA TITLE I

- _____ Education & Training
- _____ On-the-Job Training
- _____ Work Experience
- _____ Other (Specify) _____

CETA TITLE II

- _____ Public Service Employment
- _____ Other (Specify) _____

CETA TITLE III

- _____ Summer Program for Economically Disadvantaged Youth (SPEDY)

CETA TITLE VI

- _____ The Emergency Jobs Program
- _____ Other (Specify) _____

YOUTH JOBS

- _____ Youth Community Conservation and Improvement
- _____ Youth Employment and Training
- _____ Other (Specify) _____

CETA TITLE IX

- _____ Elderly Jobs - Senior Community Services Employment Program
- _____ Other (Specify) _____

ANY OTHER CETA TITLE _____ (Specify) _____

The Department of Personnel will abolish/terminate the employee/position on the established dates, unless this written notification is received prior to established ending dates.

Signature Authorizing Funds

Type Name and Title

Date

Copies furnished to: Department concerned
Department of Personnel
Office of CETA Planning and Coordination

DATE:

SUBJECT: REQUEST FOR EXTENSION AND/OR REFILL OF ESTABLISHED STATE CETA FUNDED POSITION

TO: CETA Funding Source

To be completed by requesting agency:

Classification Title		Class Code	Dept. No.	Allocation No.
Position Location City/Town	County	Department/Bureau/Institution		
Salary	Name of CETA Participant	Date Hired	Present Termination Date	
Request the extension be granted until		Date		

Request the refill of the established CETA funded position.

This position is currently being funded under CETA Title ___ I, ___ II, ___ III, ___ VI, ___ IX, ___ Other CETA (Specify) _____

Justification of this request:

 Signature of Commissioner/Director Commissioner/Director Type Name and Title Date

To be completed by funding source:

Request for extension allowed _____ disallowed _____

Request for refill allowed _____ disallowed _____

Date Funding Will Begin

Date Funding Will End

INDICATE FUNDING SOURCE:

CETA TITLE I

- _____ Education & Training
- _____ On-the-Job Training
- _____ Work Experience
- _____ Other (Specify) _____

CETA TITLE II

- _____ Public Service Employment
- _____ Other (Specify) _____

CETA TITLE III

- _____ Summer Program for Economically Disadvantaged Youth (SPEDY)

CETA TITLE VI

- _____ The Emergency Jobs Program
- _____ Other (Specify) _____

YOUTH JOBS

- _____ Youth Community Conservation and Improvement
- _____ Youth Employment and Training
- _____ Other (Specify) _____

CETA TITLE IX

- _____ Elderly Jobs - Senior Community Services Employment Program
- _____ Other (Specify) _____

ANY OTHER CETA TITLE _____ (Specify) _____

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Signature Authorizing Funds

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Copies furnished to: Department concerned
Department of Personnel
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