REQUEST TO FILL VACANT POSITION
STATE OF NORTH DAKOTA
SFN 6796 (6/93)

Coding

Department/Agency	Division/Unit

Classification/Grade	Position Number

Name of Last Incumbent	Date Position Vacated	Anticipated New Hire Date

Reason for Vacancy (Attach Additional Sheet if Necessary)

Number of Authorized FTE in Unit	Number of Current Vacancies	Number of Temps in Unit	Source of Funds

Justification to Fill Position (Attach Additional Sheet if Necessary)

Impact if Position Is Not Filled (Attach Additional Sheet if Necessary)

Alternatives to Filling Vacancy (Attach Additional Sheet if Necessary)

* APPROVAL MUST BE RECEIVED BEFORE EXTENDING AN OFFER OF EMPLOYMENT.

AGENCY SIGNATURES:

Appointing Authority	Agency Head	Date

REVIEW:

Request to Fill Vacant Position Is ☐ Approved ☐ Denied

Comments

Hiring Council	Date