

# Vacant Reallocation Request

Administrative Procedure 23-48

Department Name: \_\_\_\_\_ PCN: \_\_\_\_\_

Current Class Code: \_\_\_\_\_ Current Class Title: \_\_\_\_\_

Requested Class Code: \_\_\_\_\_ Requested Class Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Approval from Finance: YES  NO  If Yes, Finance Form Attached: YES  NO

Positions are considered AFSCME eligible unless specifically exempted by Pima County Ordinance.

Identify if position is AFSCME eligible or the appropriate exemption code if position is not AFSCME eligible.\* \_\_\_\_\_

## Please Complete Validation/Justification For Request:

1. Position Background, including division/unit:

2. Reason for this reallocation:

3. Benefit achieved by the department, County and the public:

4. Are there available metrics to measure performance or expected outcome(s):

5. Associated costs estimated with the reallocation:

6. Operational impact to the department if the request is not approved:

\_\_\_\_\_  
Appointing Authority Or Designee Signature\*\*

\*\*Designee should be a Deputy Director, Division Manager or Command Staff.

\_\_\_\_\_  
Date

\*Questions regarding AFSCME exemption codes should be addressed to Human Resources Administration, 724-8028

Send/Return To: Human Resources/Classification Team, 150 West Congress Street, 4<sup>th</sup> Floor