



**State of Oklahoma  
Office of Management &  
Enterprise Services  
Human Resources Department**

Employment Action Form  
HCM-92

Agency Name/Number: \_\_\_\_\_ Affected PIN: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION 1 - Position Information			
Classified	Unclassified	<input type="checkbox"/> IT Position	Official Job Title: _____
Projected Working Title: _____			Job Code: _____
Division: _____		Location: _____	
Will this position supervise?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Position Supervised By: _____
Supervisor's PIN: _____			
Full Time (30 or more hours/wk) Variable Hour Appointment - Employed for less than 90 days Variable Hour Appointment - Employed for more than 90 days - Anticipated number of hours/week: Seasonal (Available for Limited Agencies)			
SECTION 2 - Allocate a New Position or Refill a Vacant Position			
New Position (HR will request PIN)			
Refill Vacant Position:    Reinstatement [    Probationary    Permanent]    Promotion    Demotion    Transfer			
Vacated By: _____		Title of Previous Incumbent: _____	
Date and Reason the Position was Vacated: _____			
SECTION 3 - Reallocate or Salary Adjustment to an Existing Position			
Reallocate From: _____		To: _____	
Salary Adjustment (See funding information for details)			
Occupied By: _____		Current Job Title: _____	
SECTION 4 - Position Justification			
Proposed Effective Date: _____			
<b>If this request is for a salary increase or reallocation ONLY, skip to question 6</b>			
1.) Describe the impact/risk of not filling this position:			
2.) Does this position require a specialized skill set?			
3.) Briefly describe the duties associated with this position:			
4.) Are there any unique circumstances that must be fulfilled with this position?			
5.) Describe the impact/risk of delaying the filling of this position for six (6) months:			
6.) Additional justification relative to this request:			



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**SECTION 5 - Funding Information**

Budgeted Salary: \$		Increase	Decrease: \$	% Change		
Funding:	Funding Available?	Yes	No	Total Fiscal Impact:		
Class-Fund	Fund Type	Department	Bud Ref	Combo Code	Percent	Dollars

**Approval**

Requester:	Date:	Approved Rejected
Manager :	Date:	Approved Rejected
Human Resources:	Date:	Approved Rejected
Finance:	Date:	Approved Rejected
Division Director:	Date:	Approved Rejected
CIO/Business Segment Director:	Date:	Approved Rejected
Agency Director:	Date:	Approved Rejected
Cabinet Secretary:	Date:	Approved Rejected

After Approval, Insert the Name and the Employee ID of the Person Affected

Name:	EMPLID:
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Reason for Rejection: