



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

**HCM-09  
Request to Evaluate  
Qualifications**

<b>SECTION 1 – Request Information</b>		
Agency Name:		Agency Number:
Employee Name:	SSN:	Employee ID:
Reason for Change: <input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Reinstatement <input type="checkbox"/> Transfer To:		
Current Position Information:	Job Family and Level:	Job Code:
Proposed Position Information:	Job Family and Level:	Job Code:
Requester: I certify that this request is in compliance with the Oklahoma Personnel Act.		
Signature :	Name and Title:	Date:
<b>SECTION 2 – HCM Response</b>		
Job Family and Level:		Job Code:
<input type="checkbox"/> Approved (Meets minimum requirements) <input type="checkbox"/> Reject Reason: <input type="checkbox"/> Lacks required education <input type="checkbox"/> Has _____ months of the required _____ months of qualifying experience <input type="checkbox"/> Has _____ months of the required _____ months of supervisory/managerial/administrative experience <input type="checkbox"/> Lacks required license <input type="checkbox"/> Other:		
Job Title and Level:		Job Code:
<input type="checkbox"/> Approved (Meets minimum requirements) <input type="checkbox"/> Reject Reason: <input type="checkbox"/> Lacks required education <input type="checkbox"/> Has _____ months of the required _____ months of qualifying experience <input type="checkbox"/> Has _____ months of the required _____ months of supervisory/managerial/administrative experience <input type="checkbox"/> Lacks required license <input type="checkbox"/> Other:		
Job Title and Level:		Job Code:
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HCM Applicant Services:		Date:
<b>SECTION 3 – Examination</b>		
<input type="checkbox"/> Test Required: <input type="checkbox"/> Passed - Score: <input type="checkbox"/> Failed <input type="checkbox"/> No Test Required Reason:		
HCM Test Administration:		Date: