



Department of Transformation and Shared Services  
Office of Personnel Management  
**Emergency Hire Request**

Note: Attach State Employment Application when submitting this form.

Employee Name ( <i>Last, First, Middle</i> )	Personnel Number
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Agency Name	Business Area	Personnel Area	Organization Unit
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Job Title	Position Number	Class Code	Pay Grade Type
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Position is: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Agency certifies that Applicant meets official minimum qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**JUSTIFICATION**

**Agency/Institution Approving Authority**

Agency/Institution Approving Authority	Date	<i>MM/DD/YYYY</i>
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Agency/Institution Approving Authority	Date	<i>MM/DD/YYYY</i>
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**OPM Approving Authority**

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	OPM Approving Authority	Date	<i>MM/DD/YYYY</i>
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied	TSS Secretary	Date	<i>MM/DD/YYYY</i>
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