



DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES  
**Office of Personnel Management**  
**Special Entry Rate**  
**Exceptionally Well Qualified Applicant**

Print Form

Clear Form

Agency # / Agency or Institution Name

Position/Item Number

Class Code / Title *(Attach description of job duties)*

Grade

Applicant's Name

Current Annual Salary

Requested Annual Salary

Applicant's Qualifications *(Please summarize. Attach Resume and completed State Job Application Form).*

Minimum Qualifications *(Use same description as stated on Class Specification).*

**Attach OPM Form 081 For Eligible Applicants Not Selected**

|   |      |  |
|---|------|--|
| Agency/Institution Personnel Representative | Date |  |
| Agency/Institution Director/Chancellor      | Date |  |

**Office of Personnel Management - Action**

**Reviewed By:**

|   |      |  |
|---|------|--|
| OPM Personnel Representative            | Date |  |
| Classification and Compensation Manager | Date |  |