



# REQUEST FOR COMPANION/ADVANCED REPLACEMENT POSITION



To: HUMAN RESOURCES, ATTN: \_\_\_\_\_ HUMAN RESOURCES SERVICES MANAGER

FROM: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## POSITION/EMPLOYEE SECTION

TYPE: NEW  EXTENSION  (If extension, Position#) \_\_\_\_\_

IN ACCORDANCE WITH ORDINANCE NO. 440, PLEASE CHECK THE APPLICABLE SECTION CODE:

**ADVANCE REPLACEMENT: § 5.C. (1)**  
+1 (JOB CLASSIFICATION) \_\_\_\_\_ JOB CODE: \_\_\_\_\_

INCUMBENT NAME: \_\_\_\_\_ PC# \_\_\_\_\_ DEPARTMENT ID/BUDGET UNIT: \_\_\_\_\_

TERMINATION DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Replacement limited to 30 calendar days in advance of terminating employee, except under exceptional circumstances)

**COMPANION POSITION DURING UNPAID LEAVE: § 5.C. (2)**  
+1 (JOB CLASSIFICATION) \_\_\_\_\_ JOB CODE: \_\_\_\_\_

INCUMBENT NAME: \_\_\_\_\_ PC# \_\_\_\_\_ DEPARTMENT ID/BUDGET UNIT: \_\_\_\_\_

LENGTH: FROM 1 TO 6 MONTHS  FROM 7 TO 12 MONTHS

**COMPANION POSITION DURING PAID LEAVE: § 5.C. (3)**  
+1 (JOB CLASSIFICATION) \_\_\_\_\_ JOB CODE: \_\_\_\_\_

INCUMBENT NAME: \_\_\_\_\_ PC# \_\_\_\_\_ DEPARTMENT ID/BUDGET UNIT: \_\_\_\_\_

LENGTH: FROM 1 TO 6 MONTHS  FROM 7 TO 12 MONTHS

JUSTIFICATION: \_\_\_\_\_

FINANCIAL IMPACT: \$ \_\_\_\_\_ (Sufficient funds are available for current fiscal year) \_\_\_\_\_ (Department Head Signature)

FUNDING SOURCE(S): \_\_\_\_\_ NET COUNTY COST % (IF ANY): \_\_\_\_\_

## HUMAN RESOURCES ACTION

REQUEST IS APPROVED  DENIED  (If Denied, explanation) \_\_\_\_\_

\_\_\_\_\_  
Human Resources Director/Designee (HRSM)

\_\_\_\_\_  
Date

<b>Human Resources Use Only</b>	
New PC #: _____	Date: _____
Initials: _____	PC# End Date: _____