

St. Lawrence County Vacancy Authorization Form



? Type:

Subunit (If Applicable):

Date Submitted:

? Reason Vacated:

? Position Number:

Date Vacated:

Position # Abolished:

? Position Status:

? Last Fill Date:

? Jurisdictional Class:

? Appointee Will Be:

Hrs Per Week:

Shift Length:

FTE:

Budget

? Salary of Person Leaving:

Fill Request Timeline:

Benefits:

Revenue Generating: %

? Base Salary:

Reimbursed by Local, State or Federal Funds: %

? Base Hourly:

? Grade:

? **Net County Cost:**

*Net County Cost is calculated from salary of person leaving, if available

Detailed Justification

What is the impact on your department if this position is not filled? Please provide, in detail, the need to fill the position. Please include the service provided, if it is mandated, number of people (clients) affected, and what you will do if the position is not filled.

Department Head:

Approved?

Yes No

County Administrator:

Resolution #:

Job Qualifications

For Human Resources Use Only:
Job Qualifications Listed here: