

GUAM MEMORIAL HOSPITAL AUTHORITY

REQUEST FOR GG1/PERSONNEL ACTION

TO: Personnel Services Administrator **FROM:** _____

TYPE OF ACTION: _____ Name and Position Title

RECRUITMENT - VICE: _____ POSITION TITLE: _____
Last name , First name M.I./NEW

POSITION NO: _____

FULL TIME Appointment
 PART TIME ~~Appointment~~ Appointment Other (specify) _____

ANNOUNCEMENT TYPE: _____ Selective Factor: _____
e.g. Open Competitive, Gov't Wide, Departmental

(must be specialized knowledge, skill or ability that is inherent of job)

"SEPARATION - TYPE: _____ EFFECTIVE DATE: _____
(Requires Letter of Notice/Documentation) e.g. Resignation, Retirement, Termination, Intra-Dept. Transfer

BUDGET TRANSFER Employee & Position: _____ - _____
Last name , First name M.I. Position Title

Position Only: _____
Position Title

From: _____ - _____ To: _____ - _____
Unit/Dept./Division Position No. Unit/Dept./Division Position No.

Approved Transfer: From Releasing Department: _____
Department Head Print & Sign Date

CONVERSION - POSITION NO. _____
 FULL TIME (FT) to PART TIME (PT) -UNCLASS PART TIME (PT) - UNCLASS to FULL TIME (FT)

- two (2) part-time (not to exceed 20 hours per week) A, B
- three (3) part-time (not to exceed 13.333 hours per week) A, B, C
- four (4) part-time (not to exceed 10 hours per week) A, B, C, D

JUSTIFICATION

Justify and explain essential task to be performed:

Operational Justification:

Financial Justification:

Requested by _____
Signature

Date _____

Division Head _____
Signature

Date _____