State of Oklahoma
Office of Management & Enterprise Services
Human Resources Department

Employment Action Form
HCM-92

Agency Name/Number: Affected PIN: Date:

SECTION 1 - Position Information

☐ Classified ☐ Unclassified	☐ IT Position	Official Job Title:	Job Code:
Projected Working Title:		Division:	Location:
Will this position supervise? ☐ No ☐ Yes	Position Supervised By:		Supervisor's PIN:

☐ Full Time (30 or more hours/wk)
☐ Variable Hour Appointment - Employed for less than 90 days
☐ Variable Hour Appointment - Employed for more than 90 days - Anticipated number of hours/week:
☐ Seasonal **(Available for Limited Agencies)**

SECTION 2 - Allocate a New Position or Refill a Vacant Position

☐ New Position **(HR will request PIN)**

☐ Refill Vacant Position: ☐ Reinstate [☐Probationary ☐ Permanent] ☐ Promotion ☐ Demotion ☐Transfer

Vacated By: Title of Previous Incumbent:

Date and Reason the Position was Vacated:

SECTION 3 - Reallocate or Salary Adjustment to an Existing Position

☐Reallocate From: To:

☐Salary Adjustment **(See funding information for details)**

Occupied By: Current Job Title:

SECTION 4 – Position Justification

Proposed Effective Date:
If this request is for a salary increase or reallocation ONLY, skip to question 6
1.) Describe the impact/risk of not filling this position:

2.) Does this position require a specialized skill set?

3.) Briefly describe the duties associated with this position:

4.) Are there any unique circumstances that must be fulfilled with this position?

5.) Describe the impact/risk of delaying the filling of this position for six (6) months:

6.) Additional justification relative to this request:

SECTION 5 - Funding Information						
Budgeted Salary: $		☐ Increase ☐ Decrease: $				**%** Change
Funding: Funding Available? ☐ Yes ☐ No		Total Fiscal Impact:				
Class-Fund	Fund Type	Department	Bud Ref	Combo Code	Percent	Dollars

Approval		
Requester:	Date:	☐ Approved ☐ Rejected
Manager :	Date:	☐ Approved ☐ Rejected
Human Resources:	Date:	☐ Approved ☐ Rejected
Finance:	Date:	☐ Approved ☐ Rejected
Division Director:	Date:	☐ Approved ☐ Rejected
CIO/Business Segment Director:	Date:	☐ Approved ☐ Rejected
Cabinet Secretary:	Date:	☐ Approved ☐ Rejected

After Approval, Insert the Name and the Employee ID of the Person Affected

Name:	EMPLID:

Reason for Rejection: