

Ohio Department of Medicaid
POSITION PLANNING REQUEST

Instructions: Complete this form to initiate the development or revision of Position Descriptions, assessment tools and/or recruitment planning. Submit to your recruiter in Human Resources/Recruitment Section.

Contact Person		Contact Phone Number
Office	Bureau	Section
Unit	(Check One) <input type="checkbox"/> Full Time <input type="checkbox"/> Intermittent <input type="checkbox"/> Part Time <input type="checkbox"/> College Intern <input type="checkbox"/> Established Term	Complete for Existing Positions Only Position Number
County	Department ID MCD	Classification Title
Work Address of Position	Priority Number Indicate if submitting multiple requests	Job Code

Action Requested (Check all that Apply)

<p>1. Position Description Action: (Email the duties to be performed to your Recruiter)</p> <p><input type="checkbox"/> Create New Position Description</p> <p><input type="checkbox"/> Modify Duties in Existing Position Description</p> <p><input type="checkbox"/> Reclassify Existing Vacant Position to Proposed Classification:</p> <p>Supervisor's Name: _____ Supervisor's Position Number: _____</p>
<p>2. Assessment Action: (Check all that Apply)</p> <p><input type="checkbox"/> Develop New Assessment</p> <p><input type="checkbox"/> Develop New Oral Interview Only</p> <p><input type="checkbox"/> Utilize/Modify Existing Assessment – Provide Existing Test Code:</p>
<p>3. Recruitment Information: (Check all that Apply)</p> <p><input type="checkbox"/> This position is hard to fill. <input type="checkbox"/> Historically, similar positions were reposted.</p> <p><input type="checkbox"/> A limited qualified candidate pool is expected. <input type="checkbox"/> This position/classification has a high turnover rate.</p> <p>Other: _____</p>
<p>4. <input type="checkbox"/> Other: (e.g., Bilingual Pay, Working Supplement) Describe in the Comments Section.</p>

<p>Comments:</p>

<p>Authorized Signature</p>	<p>Date</p>
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