

**West Virginia Division of Personnel
Job Vacancy Posting Form**

SECTION 1

Local Health Department / Division: _____

Number of Vacancies: _____ Full-Time _____ Full-Time Equivalence: _____ Part-Time / Give FTE: _____ %

Proposed Class Code: _____ Proposed Class Title: _____

SECTION 2

Length of Appointment: _____ Unlimited _____ Limited To: _____ From: _____ Type of Appointment: _____ Original Intermittent _____ Temporary

Selective Certification Requested: _____ Yes _____ No If yes, please list area(s) of assignment: _____

Status: _____ Classified _____ Classified-Exempt (Per classification, not FSLA)

Working Shift: _____ 1 (Day) _____ 2 (Evening) _____ 3 (Nights) _____ 4 (Rotating) Certified List of Eligibles Requested: _____ Yes _____ No

Interviewer's Name: _____ Work Phone: _____

Work Address: _____ WV _____ City _____ State _____ Zip Code _____

SECTION 3

Work Description – To Be Completed By Supervisor / Local Health Administrator:
Write job duties clearly describing the tasks so that a reader can understand what the employee does to what or to whom to accomplish what result or product using what tools, equipment or materials. Example: Types narrative, numerical, or graphic material to assist several agency employees in the processing or documenting of tax information.

SECTION 4

New Position: _____ Yes _____ No If no, complete previous incumbent information.

Previous Incumbent Name - #1: _____ Date Vacant: _____

Previous Incumbent Class Title & Code: _____
Class Title Code

Reason for Vacancy: _____

Previous Incumbent Name - #2: _____ Date Vacant: _____

Previous Incumbent Class Title & Code: _____
Class Title Code

Reason for Vacancy: _____

Previous Incumbent Name - #3: _____ Date Vacant: _____

Previous Incumbent Class Title & Code: _____
Class Title Code

Reason for Vacancy: _____

AUTHORIZATION/APPROVAL

I certify that the above information is truthful and accurate. I further certify that funds are available for this position.

Name/Title: _____ Date: _____

Signature: _____

CLASSIFICATION & COMPENSATION USE ONLY

Received: _____ Posting Number: _____

Approved Classification / Code: _____
(If different from request)

Approved Date: _____ Agency Notified: _____

Release Date: _____ Close Date: _____

Comments: _____

Personnel Specialist: _____