

**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: \_\_\_\_\_