



**COMPANION / ADVANCED REPLACEMENT POSITION
REQUEST FORM**

TO: HUMAN RESOURCES BUSINESS PARTNER: _____ DATE: _____

FROM: _____ DEPARTMENT: _____

TYPE: _____ NEW _____ **EXTENSION **POSITION CONTROL NUMBER (PCN): _____

To cancel New or Extended Companion/Advanced Replacement positions, please email the Employee Services Position Management Team at: HR-EmployeeServices-PosMgmtTeam@RivCo.org.

POSITION / EMPLOYEE SECTION

IN ACCORDANCE WITH ORDINANCE NO. 440, PLEASE SELECT THE APPLICABLE SECTION CODE:

<p><u>ADVANCED REPLACEMENT: § 4.C.(1)</u> +1 (JOB TITLE OF SEPARATING EMPLOYEE): _____ JOB CODE: _____ SEPARATING EMPLOYEE NAME: _____ PCN: _____ DEPARTMENT ID / BUDGET UNIT: _____ **TERMINATION DATE: _____</p> <p><i>(**Advanced Replacement limited pursuant to the provisions in the Salary Ordinance 440, Section 4, Positions Allowed, C. Companion Positions. Please consult your assigned HR Business Partner to discuss planned length of use and conformance to provisions.)</i></p> <p><u>COMPANION POSITION DURING LEAVE (PAID OR UNPAID): § 4.C.(2) / § 4.C.(3)</u> +1 (JOB TITLE OF EMPLOYEE ON LEAVE): _____ JOB CODE: _____ CURRENT EMPLOYEE NAME: _____ PCN: _____ DEPARTMENT ID/BUDGET UNIT: _____ LENGTH OF ABSENCE: FROM 1 TO 6 MONTHS FROM 7 TO 12 MONTHS</p>

DEPARTMENT JUSTIFICATION FOR REQUESTED COMPANION / ADVANCED REPLACEMENT POSITION:

FINANCIAL IMPACT: \$ _____
 (Sufficient funds are available for current fiscal year.) _____ Department Head Signature

FUNDING SOURCE(S): _____ NET COUNTY COST % (IF ANY): _____

HUMAN RESOURCES ACTION

REQUEST IS: _____ APPROVED _____ **DENIED (**Explanation provided in the space below):

 HUMAN RESOURCES DIRECTOR / HR BUSINESS PARTNER DATE

HUMAN RESOURCES USE ONLY	
NEW PCN: _____	
INITIALS: _____	DATE: _____