

**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:

ADVANCED REPLACEMENT: § 4.C.(1)

+1 (JOB TITLE OF SEPARATING EMPLOYEE): _____ JOB CODE: _____

SEPARATING EMPLOYEE NAME: _____

PCN: _____ DEPARTMENT ID / BUDGET UNIT: _____

**TERMINATION DATE: _____

*(**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.)*

COMPANION POSITION DURING LEAVE (PAID OR UNPAID): § 4.C.(2) / § 4.C.(3)

+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

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: _____