



## COMPANION / ADVANCED REPLACEMENT POSITION REQUEST FORM

ROM:	DOM:				DATE:
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  N ACCORDANCE WITH ORDINANCE NO. 440, PLEASE SELECT THE APPLICABLE SECTION CODE:	ROM:			DEPARTMENT: _	
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  N ACCORDANCE WITH ORDINANCE NO. 440, PLEASE SELECT THE APPLICABLE SECTION CODE:					
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ACCORDANCE WITH ORDINANCE NO. 440, PLEASE SELECT THE APPLICABLE SECTION CODE:			Management Team at: <u>l</u>	HR-EmployeeService	s-PosMgmtTeam@RivCo.org.
ADVANCED REPLACEMENT: § 4.C.(1) +1 (JOB TITLE OF SEPARATING EMPLOYEE): JOB CODE:			PO	SITION / EMPLOYEE	SECTION
+1 (JOB TITLE OF SEPARATING EMPLOYEE): JOB CODE: SEPARATING EMPLOYEE NAME: DEPARTMENT ID / BUDGET UNIT: ***TERMINATION DATE: (**Advanced Replacement limited pursuant to the provisions in the Salary Ordinance 440, Section 4, Positions Allowed, 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: 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:  INANCIAL IMPACT: \$ (Sufficient funds are available for current fiscal year.) Department Head Signature  UNDING SOURCE(S): NET COUNTY COST % (IF ANY): HUMAN RESOURCES ACTION	N ACCOR	DANCE WITH ORD	DINANCE NO. 440, PLEAS	SE SELECT THE APPL	CABLE SECTION CODE:
SEPARATING EMPLOYEE NAME:  PCN:					
PCN:					
**TERMINATION DATE:					
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COMPANION POSITION DURING LEAVE (PAID OR UNPAID): § 4.C.(2) / § 4.C.(3)  +1 (JOB TITLE OF EMPLOYEE ON LEAVE):	**TERM	INATION DATE: _			
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CURRENT EMPLOYEE NAME:	<u>cc</u>	MPANION POSITI	ION DURING LEAVE (PAID	OR UNPAID): § 4.C.	(2) / § 4.C.(3)
DEPARTMENT ID/BUDGET UNIT:  LENGTH OF ABSENCE: FROM 1 TO 6 MONTHS  DEPARTMENT JUSTIFICATION FOR REQUESTED COMPANION / ADVANCED REPLACEMENT POSITION:  INANCIAL IMPACT: \$  (Sufficient funds are available for current fiscal year.)  UNDING SOURCE(S):  HUMAN RESOURCES ACTION	+1 (JOF	B TITLE OF EMPLO	OYEE ON LEAVE):		JOB CODE:
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INANCIAL IMPACT: \$ Department Head Signature  UNDING SOURCE(S): NET COUNTY COST % (IF ANY):  HUMAN RESOURCES ACTION	PCN: _		DEPARTME	NT ID/BUDGET UNIT:	
INANCIAL IMPACT: \$ (Sufficient funds are available for current fiscal year.) Department Head Signature  UNDING SOURCE(S): NET COUNTY COST % (IF ANY):  HUMAN RESOURCES ACTION	LENGT	H OF ABSENCE: F	FROM 1 TO 6 MONTHS	FROM 7 TO 1	2 MONTHS
HUMAN RESOURCES ACTION	EPARTM	IENT JUSTIFICATI	ON FOR REQUESTED COI	MPANION / ADVANCE	D REPLACEMENT POSITION:
HUMAN RESOURCES ACTION		IMPACT: \$			
	INANCIAL	L IMPACT: \$(Suffic	cient funds are available for	r current fiscal year.)	
EQUEST IS: APPROVED**DENIED (**Explanation provided in the space below):	INANCIAL	L IMPACT: \$(Suffic	sient funds are available for	r current fiscal year.)	Department Head Signature  NET COUNTY COST % (IF ANY):
	INANCIAL	L IMPACT: \$(Suffic	sient funds are available for	r current fiscal year.)	Department Head Signature  NET COUNTY COST % (IF ANY):
	FINANCIAL FUNDING S	L IMPACT: \$ (Suffic SOURCE(S):	cient funds are available for	r current fiscal year.)	Department Head Signature  NET COUNTY COST % (IF ANY):
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IUMAN RESOURCES DIRECTOR / HR BUSINESS PARTNER DATE	UNDING SEQUEST	L IMPACT: \$ (Sufficence (S): SOURCE(S): IS: APPRO	sient funds are available for H VED**DENIE	r current fiscal year.)  IUMAN RESOURCES A  D (**Explanation provid	Department Head Signature  NET COUNTY COST % (IF ANY):
	UNDING SEQUEST	L IMPACT: \$ (Sufficence (S): SOURCE(S): IS: APPRO	sient funds are available for H VED**DENIE	r current fiscal year.)  IUMAN RESOURCES A  D (**Explanation provid	Department Head Signature  NET COUNTY COST % (IF ANY):  ACTION  ded in the space below):
JUMAN RESOURCES DIRECTOR / HR BUSINESS PARTNER DATE  HUMAN RESOURCES USE ONLY	INANCIAL UNDING S EQUEST	L IMPACT: \$ (Sufficence (S): SOURCE(S): IS: APPRO	sient funds are available for H VED**DENIE	r current fiscal year.)  IUMAN RESOURCES A  D (**Explanation provid	Department Head Signature  NET COUNTY COST % (IF ANY):  ACTION  ded in the space below):
	UNDING SEQUEST	L IMPACT: \$ (Sufficence (S): SOURCE(S): IS: APPRO	sient funds are available for H VED**DENIE	r current fiscal year.)  IUMAN RESOURCES A  D (**Explanation provid	Department Head Signature  NET COUNTY COST % (IF ANY):  ACTION  ded in the space below):  HUMAN RESOURCES USE ONLY

Revised: May 9, 2024