

Department of Transformation and Shared Services Office of Personnel Management Internal Advertising Approval Request

| Agency Name | | Business Area |
|---------------------------|--|---------------|
| Position Number: | Class Code: | |
| Title: | | |
| Location of the Position: | | |
| | JUSTIFICATION | |
| Explain why only current | employees would have the knowledge to do this job. | |

Explain why only current employees would have the skills to do this job.

Explain why only current employees would have the ability to do this job.

Explain how the job is a component of an established career path.

| ency Official's Signature | | Date |
|--|----------|------|
| | | |
| OPM Approval: | | |
| Approved Denied | Date | |
| OPM Director's or Designee's Signature | <u> </u> | |