٩S	SIFICA	ATION TITLE:		
	Priorit	y		
	Requesting Exam to be Given:			
	Reason(s) for Exam Request - In Addition to Marking the Box(es) Below, Please Include a Brief Explanation:			
		VacanciesNumber of Current VacanciesNumber of Anticipated Vacancies (include location and estimated vacancy date)		
		TAU or T&D Expiration Expiration Date		
		Existing Position Reclassification - Indicate Status of Paperwork		
		No Existing Eligible List		
		Existing Eligible List Canvassed With No Success Approximate Date of Contacts		
		Existing Eligible List More Than One Year Old		
		New Position Created (include newly developed classifications) - Indicate Status of Paperwork		
	Provide Brief Explanation for Request			
	Outline any Recruitment Difficulties			

Examination Request Form (Reverse)

Please provide potential Subject Matter Experts (consultants, including persons in the classification and first line supervisors who supervise individuals in the testing classification) to work on the Job Analysis and develop exam material and State Service Representatives (panel members who are supervisory and at least one level above the testing classification) below:

Subject Matter Experts

Name:		
Title:		
	iber:	
Name:		
Title:		
Phone Num	ber:	_
	State Service Rep	resentatives
Name:		
Phone Num	ber:	
Name:		
Phone Num	ber:	
Approved B	y:	Date:
	Deputy Director/Branch/Office Chief/Reg	
Requesting Contact: Phone Num		
Return to:	Human Resources Branch Attention: Maria Luna, Exam Manager 1416 Ninth Street, Room 1217b	

Sacramento, California 95814

Please return in envelope marked confidential