Reclamation Manual

Directives and Standard

TEMPORARY RELEASE

(Expires 08/24/2012)

7-2631 (9-11)
Bureau of Reclamation

RECLAMATION
Managing Water in the West

WAIVER REQUEST FORM FOR APPROVAL TO FILL VACANT POSITIONS SIGNIFICANTLY ENGAGED IN INFORMATION (IT) ACTIVITIES - INFORMATION RESOURCES DIRECTORATE – ONLY

Reference:

Office of the Secretary Order (SO) 3309, Information Technology Management Functions and Establishment of Funding Authorities; Department of the Interior Chief Information Office (OCIO) Memorandum dated April 21, 2011, Hiring Controls on Positions and Personnel Significantly Engaged in Information Technology Management and Operations, and Temporary Reclamation Manual Release Directive and Standard IRM-TRMR-48, Information Technology (IT) Position Hiring Controls.

Date of Request: _____

Requesting Office: _____

Vacant Job Series, Title, Grade: _____

Type of Appointment and Work Schedule:

(Permanent, temporary, term, full/part time. Please provide rationale for appointment.)

Vacant Position Location:

(Please provide an organization chart highlighting the vacant position for which the waiver is requested.)

Description of the Major Duties/Functions of the Vacant Position

Justification Narrative:

The following shall be addressed, reason if it is necessary to fill the position at this time, other actions taken or considered including reassignment of work, detail of existing staff, reassignment of employees, etc.; and reason previously taken actions were not sufficient. Attach additional narrative as necessary.)

Funding Source:

☐ Appropriated Funds ☐ Non-Appropriated Funds

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Approval Signatures

Name/Signature of Requesting Official — Date Signed

☐ ITIC Review — Signature — Date Signed

☐ ITC Review — Signature — Date Signed

FOR GS-12 POSITIONS AND BELOW

☐ Approved ☐ Disapproved

Name/Signature of Director, Information Resources Office — Date Signed

FOR GS-13 POSITIONS AND ABOVE

☐ Recommended ☐ Not Recommended

Name/Signature of Director, Information Resources Office — Date Signed

☐ Approved ☐ Disapproved

Name/Signature of Deputy Commissioner, Policy, Administration and Budget — Date Signed

COMMENTS

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