**Date:** Click here to enter text. **Form submitted by:** Click here to enter text.

**Department:** Click here to enter text. **Division:** Click here to enter text.

**Department Head/Appointing Authority:** Click here to enter text.

(By typing your name here, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.)

**OVERFILL REQUEST**

**Washoe County Personnel Handbook 5.210 (Overfill Appointments)**

1. If an appointing authority determines that a position within the department is:

(a) Critical to the mission of the department;

(b) Has responsibility for a unique function; or

(c) Requires the possession of highly specialized knowledge, skills, and abilities;

the appointing authority may request that an overfill appointment to the position be made.

2. An overfill appointment is limited to 6 weeks overlap between the employee who is resigning the position and the

incoming employee. An overfill appointment does not increase the number of permanently established positions.

Any exception must be approved by the Board of County Commissioners.

3. A request for an overfill appointment must be made in writing and approved by the director of human resources or

designee.

4. No overfill appointment request may be made unless the employee occupying the position being vacated has

provided a written resignation to the appointing authority.

5. Upon expiration of the period of time of the overfill appointment or sooner if the resigning employee vacates the

position, the overfill appointment expires and the incoming employee fills the position of the resigning employee.

**Requested Overfill Dates From:** Click here to enter text. **To:** Click here to enter text.

**Name of Resigning Employee:** Click here to enter text. **SAP #:** Click here to enter text.

**Position #:** Click here to enter text. **Job Class Title:** Click here to enter text.

**Has a written resignation been submitted to department?** Yes  No

**Have other options been considered, i.e. Out-of-Class Pay?** Yes  No

**Do you have enough budget savings to cover the additional cost?** Yes  No

*If not, please contact your assigned Budget Analyst for guidance.*

**Justification for items (a), (b) or (c) above:** Click here to enter text.

**FOR HUMAN RESOURCES USE ONLY**

**Name of Reviewing Analyst:** Click here to enter text. **Date Reviewed:** Click here to enter text.

**I  approve  deny the request for Overfill.**

**Justification / Discussion Notes:** Click here to enter text.

**HR Director or Designee Signature:** Click here to enter text. **Date:** Click here to enter text.