
PERMANENT FINANCE PLAN and LIMITED DURATION PLAN REQUEST TRANSMITTAL CHECKLIST

(Use as first page in packet)

AGENCY NAME: _____ AGENCY NUMBER: _____

SABR COORD: _____ PHONE NUMBER: _____

DATE: _____

Please check the following boxes indicating the processes and documents that have been completed. All boxes must be checked prior to submitting the request.

- Cover memo supporting the plan that addresses the following elements:**
 - Problem definition (what has changed since 2011-13 Legislatively Approved Budget?)
 - Alternatives considered, such as reducing duties, double-filling, working out of class, etc...
 - Proposed solution
 - Expected outcomes
 - How does this action fit with the agency's long-range, strategic staffing plan?
 - Are the positions proposed for demotion, elimination, reduction in months, etc., vacant? Why?
 - What will the agency do if this permanent finance plan is not approved?
 - Note: It will be particularly important that agencies not use vacant positions in the permanent finance plans that LFO may have in mind eliminating in the 2011-13 LAB. Please work with your BAM analyst in crafting this request if you have questions.
- Finance Plan**
- Position Description(s) for establishing new positions and reclass changes**
- Position Classification Review(s)**
- Organization Chart**
- HRSD's authorization/ review memo**