



## VACANCY ACTION REQUEST

The FY23-24 Yadkin County Budget Ordinance, Section 14. States, "All positions currently frozen and all future vacant positions remain frozen unless otherwise unfrozen by the County Manager utilizing the justification system as approved."

The Vacancy Review Process is a management tool which will require teamwork and cooperation between County Departments, Human Resources, and the County Manager's Office to properly assess an appropriate allocation of resources and reduce costs where possible. The process will determine if a vacant position should be filled, frozen, reallocated/reclassified or deleted. In short, it is a management study of the position needs of the department.

Completion of this form is the first step in the process. Please be as detailed and specific as possible. Additional information may be needed to make an appropriate recommendation to management. If so, we will be contacting you. Unless the position being filled is life threatening, a decision will be rendered within 30 days of the request.

Use a separate form for each vacancy except in the case of identical vacancies in the same division, where you may list all Position Control Numbers.

**Department Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Department Director's Signature:** \_\_\_\_\_

**LIFE THREATENING VACANCY? (Please check one)**    YES ☐    NO ☐

**IF LIFE THREATENING PLEASE EXPLAIN WHY IN JUSTIFICATION PORTION OF FORM.**

**COUNTY POSITION CONTROL NUMBER:** \_\_\_\_\_ **Date Vacant:** \_\_\_\_\_

**Current/Last Employee NAME:** \_\_\_\_\_

**Reason for Vacancy:** \_\_\_\_\_

**Current Position Title:** \_\_\_\_\_ **Pay Grade:** \_\_\_\_\_

**Salary Range:** \_\_\_\_\_ **Current/Last Salary:** \_\_\_\_\_

**FT or PT (Check one):** ☐ FT w/Benefits ☐ PT w/ Benefit ☐ Temporary/PT no Benefits

**County-funded (Check One):**    Yes 100%    Yes 40% to 60%    NO

**Action Requested (Check One):**

☐ Delay filling until: \_\_\_\_\_

☐ Eliminate Position

☐ Reallocate/Reclassify/Reorganize Department (If checked please provide new organization chart and justification)

☐ Fill ASAP as: \_\_\_\_\_



**Justification for Request**  
***Incomplete forms will be returned.***

1. Summarize the functions performed by the position and why it is necessary to your operation (include a revised Job Description Questionnaire if you are requesting a change):

2. Quantifiable data to the extent possible:

3. A description of the impact of deferring filling the position for a period of time or eliminating the position:

4. Suppose the County Manager and/or Commissioners have no other choice but to eliminate this position due to revenue shortfalls and increased state mandates. Describe in detail how you would propose managing the impacts discussed in number 3.

*Some examples are: (a) Is it possible to reorganize the department to reduce the impact of not filling the position? (b) Is it possible and less expensive to privatize the function or to use a temporary service to meet the need? (c) Be as creative and open-minded as you can in this challenging process.*

5. Attach an updated org chart.