

**JUSTIFICATION TO FILL  
EXCEEDING AGENCY HEADCOUNT MAXIMUM  
(To be completed by the agency)**

Agency Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Position Number: \_\_\_\_\_ Job Code: \_\_\_\_\_

Time Position Has Been Vacant: \_\_\_\_\_ Grade: \_\_\_\_\_

Anticipated Hiring Rate: \_\_\_\_\_ Funding Source: \_\_\_\_\_

Please describe the agency actions that will be taken to reduce the headcount below the maximum if this request is approved:

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- Reason for Request:
- Public Safety
  - Public Health
  - Collection or Investment of Revenue
  - Mission Critical

Please provide a brief explanation of the nature of this position and the expected impact to the agency's mission if this position remains vacant:

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\_\_\_\_\_  
Agency Head or Authorized Designee Date

Please provide a return email address: \_\_\_\_\_

**Please submit this form electronically:**

**Arizona Department of Administration  
Director's Office  
Email: [DirectorsOffice@azdoa.gov](mailto:DirectorsOffice@azdoa.gov)**