
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 are included with this Permanent/Limited Duration Finance Plan request.

- Cover memo supporting the plan that addresses the following elements:**
 - Problem definition (what has changed since the Legislatively Adopted Budget was approved?)
 - Alternatives considered, such as reducing duties, 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, or reduction in months, vacant? Why?
 - What will the agency do if this permanent finance plan is not approved?
- Finance Plan**
- Position Description(s) for establishing new positions and reclass changes**
- Position Classification Review(s)** *(only needed on reclassifications, establishments and abolishment's)*
- Organization Chart**
- DAS CHRO's Classification & Compensation Unit's authorization/ review memo** *(only needed on reclassifications, establishments and abolishment's)*