RECRUITMENT AUTHORIZATION FORM

Complete recruitment authorization request to fill an operating or capital vacancy.

NOTE: Do not use this form for Reallocations or GMA's.
Submit Reallocation Form to HRIS@bart.gov or General Manager Authorization (GMA) Form to Compensation@bart.gov.

- ✓ Submit to your AGM/Executive Manager for approval
- ✓ Submit completed form to the Talent Acquisition Unit via email to **RAF@bart.gov**
- ✓ Talent Acquisition Unit will confirm the vacant position(s)
- ✓ Talent Acquisition Unit will submit the request to the Recruitment Authorization Group for review
- ✓ Requests are processed in approximately 30 days

REQUESTOR INFORMATION – To be completed by Department Manager or designee.

Requestor Name	Job Title	Extension	Department

POSITION INFORMATION – To be fully completed by Department Manager or designee.

Position Control No.	Position Title	Department Name	Cost Center	Backfill	Previous Incumbent
				☐Yes ☐No	
				☐Yes ☐No	

Please provide specific information on why these positions are critical to the goals of the Department/District?

Explain the impact if your request is not authorized (Provide information on what services are impacted, or what goals and/or deliverables will not be met)**:**

What are the associated costs of filling the position(s)? (Please confirm this information with Operating Budgets)

Budget: ☐Operating _____% ☐Capital ____% ☐Reimbursable ____%

EXECUTIVE MANAGER AUTHORIZATION

AGM/Executive Manager **Date**

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