



## AHS IT New Resource and Resource Reassignment Request Form

### **Purpose:**

To document the process for ADS to request AHS approval to add a new IT Resource or to transfer an existing IT Resource to or from an AHS project or activity to work on another project or activity with a different funding source, as permitted by Sections 6.7.4, 6.7.5, 6.8.1, and Appendices A-H of the AHS ADS MOU.

This form is not required to fill currently assigned vacant positions and is not to be used to change an employee's job description; the DHR reclassification process must be followed for that purpose.

### **Glossary:**

IT Resource: A SOV ADS employee or IT contractor personnel.

Requestor: The ADS Portfolio Manager or IT Manager responsible for supplying the IT Resource for AHS work. (The expectation is for ADS to review AHS IT resource needs and determine what the best available resource is, then complete this form to obtain AHS approval for the assignment.)

### **Funding Information:**

Requestor should direct funding inquiries to the AHS Business Office(s) responsible for funding the IT Resource's current assignment and proposed assignment.

Direct Advance Planning Document (APD) questions regarding funding boundaries to:

- AHS CO Business Office IT Financial Director – IAPD related - and
- DVHA Business Office Financial Director - OAPD related

**NOTE:** The Requestor is responsible for ensuring funding is available for the proposed assignment PRIOR TO requesting an employee perform activities outside the currently identified budgeted or funded activities.

### **Steps:**

1. ADS is expected to fill resources in accordance with the resources identified in the AHS/ADS MOU agreement. Assignments identified in the MOU agreement do not require this form unless there is an anticipated change to scope, schedule and budget.
2. Requestor identifies the need for a change in resources. This need could occur due to a number of events, such as:
  - a. A project ending;
  - b. AHS has requested a resource on an IT project;
  - c. A new IT project; or
  - d. An IT risk has occurred needing additional resources.
3. Requestor analyzes projects and staffing and resource assignments, then identifies a need for a new or reassigned resource.
4. Requestor confirms availability of the resource and funding for the proposed assignment and completes the form with input from AHS program or project staff, resource plans and Business Offices.
5. Requestor routes the form to ADS supervisor for review and approval.
6. Requestor routes the form to AHS CO Finance Director for review and approval.
7. If approved by CO Finance Director, then Requestor routes the form to AHS Department Business Office(s) for review and approval and continues routing until all approvals are obtained.

**Section I - Requestor completes Sections I, II, III and IV of this form and submits it to Marie Hayward, AHS Central Office (CO).**

All fields below in Section I must be completed or the form will be returned to the Requestor for completion and resubmission.

1. Requestor (First and Last Name):

2. Date:

3. Department:

4. Requestor (Title):

5. Phone #:

6. Email:

---

**Section II - Requested Assignment**

7. Is this a permanent work reassignment (i.e. the resource is not planned to return to old assignment)?

Yes       No

8. Activity/Resource being Requested:

9. Time estimated for completion of reassignment (# of hours/week):

10. Is there schedule flexibility in requested work assignment?

Yes       No

11. If so, please explain flexibility:

12. Projected Start Date:

13. Projected Completion Date:

14. Justification for Request:

15. Describe Work Backfill Plan:

---

**Section III - Funding for New or Reassigned Resource (To be completed by Requestor in coordination with IT Resource's supervisor and Department's Business Office)**

16. Current Assignment Funding Source:

17. Requested Assignment Funding Source  
(New or Reassigned):

18. Identify Program Codes:

Current:

Requested:

**Section III – IT Resource Information (To be completed by Requestor in coordination with the IT Resource’s supervisor)**

19. IT Resource Name:

20. Position# or contract  
vendor:

21. Department of Current Assignment:

22. Current Work Assignment (Program, Project, Role):

**Section IV – AHS/ADS MOU Impact**

23. Will this reassignment result in an increase/decrease to the number of state employee IT FTE assigned to AHS?

24. If there is an FTE change, quantify and explain the change:

25. If this assignment requests a contracted position, fill in the explanation of a contractor vs. state employee:

If approval is not obtained and/or the Incoming Department cannot identify funding available to support the request, the IT Resource may not perform the requested activity. The Requestor may escalate this request following their Department's process.

ADS Resource Supervisor Signature:

Date:

AHS CO Finance Director Signature (for IAPDs only):

Date:

Outgoing Department Business Office Approval Signature:

Date:

Incoming Department Business Office Approval Signature:

Date:

*If reassignment is internal from one department to another, obtain the below signatures*

Outgoing AHS Department Appointing Authority Signature:

Date:

Incoming AHS Department Appointing Authority Signature:

Date:

AHS Appointing Authority Signature:

Date:

ADS Appointing Authority Signature:

Date: