

### AGENCY WORKFORCE FILL PLAN Reporting Form for Restricted Fill Activity

<p><b>Forward completed forms to:</b></p> <p><b>Task Force on State Workforce Management and Employee Deployment:</b></p> <p>C/O John Currier, Executive Deputy Director, Governor's Office of Employee Relations Agency Building 2, 2 ESP, Suite 1201, Albany, NY 12223-1250</p> <p>Dan Wall, Executive Deputy Commissioner Department of Civil Service, State Campus Building 1, Albany, NY 12239</p> <p>John E. Burke, Chief Budget Examiner Division of the Budget, Room 117 State Capitol, Albany, NY 12224</p>	<p><b>Send copies to:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> <p>William Doyle, Director Staffing Services Department of Civil Service State Campus Building 1 Albany, NY 12239</p> </td> <td style="width: 40%; border: none;"> <p>Examination Unit Division of the Budget State Capitol Albany, NY 12224</p> </td> </tr> </table>	<p>William Doyle, Director Staffing Services Department of Civil Service State Campus Building 1 Albany, NY 12239</p>	<p>Examination Unit Division of the Budget State Capitol Albany, NY 12224</p>
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AGENCY: \_\_\_\_\_ DOB EXAM UNIT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_  
 AGENCY CODE: \_\_\_\_\_  
 AGENCY CONTACT: \_\_\_\_\_ TASK FORCE APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DATE SUBMITTED: \_\_\_\_\_

Title Code	Title	Bargaining Unit	Salary Grade or N/S Equivalent	Location (County/County Code)	No. Of Vacancies To Be Filled	Effective Date

**Note:** Plan submission reflects preliminary assessment and does not replace hiring freeze waiver approval process pursuant to Budget Bulletin B-1163.

