

GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. Department of Human Resources
REALIGNMENT APPROVAL FORM

In accordance with section 1109.6 of Chapter 11 of the D.C. personnel regulations, Classification and Compensation, a *Proposal for Realignment* (“PFR”) is developed by agency management and submitted to the D.C. Department of Human Resources (DCHR) with definitive position information, organizational charts, proposed staffing patterns, etc. Classification staff within the DCHR shall review the PFR for propriety of staffing patterns, overlaps or duplication of functions, and possible measures for minimizing any adverse impact of the action upon agency employees (i.e., reassignment, reduction in force, downgrading, etc.). Once the review is completed, the Director, DCHR, approves the proposed action, and forwards the approved PFR to the City Administrator for concurrence.

AGENCY CERTIFICATION OF REALIGNMENT

AGENCY: _____

By signing below, I CERTIFY that the PFR being submitted to the D.C. Department of Human Resources for review and approval has been prepared for the purpose of properly aligning and improving the **INTERNAL STRUCTURE** or **FUNCTIONS** of the agency, and that the proposed action does not constitute a Reorganization.

Agency Head (or Designee) Date

APPROVAL – CHIEF FINANCIAL OFFICER

By signing below, I CERTIFY that the PFR being submitted to the D.C. Department of Human Resources has been authorized for the actual number and grade levels of positions being proposed.

Chief Financial Officer (or Designee) Date

CONCURRENCE – DEPUTY MAYOR

As part of a request for Realignment action, the _____ submitted a PFR which was Certified by the Chief
(Agency)
Financial Officer (or Designee) and transmitted to me for Concurrence:

I **CONCUR** in the Realignment action

Deputy Mayor Date

DCHR APPROVAL OF PROPOSAL FOR REALIGNMENT

The contents and various components of the PFR submitted by the _____ have been
(Agency)
reviewed; and the PFR meets all of the requirements for this type of action. The Realignment action proposed is:

APPROVED, and shall be transmitted to the City Administrator for **CONCURRENCE**

Director Date

CONCURRENCE – CITY ADMINISTRATOR

As part of a request for Realignment action, the _____ submitted a PFR which was
(Agency)
APPROVED by the Director, DCHR, and transmitted to me for **CONCURRENCE**:

I **CONCUR** in the Realignment action

City Administrator (or Designee) Date