

USDA-MRP HIRING CONTROL APPROVAL REQUEST	NAME OF SELECTEE	DATE OF REQUEST
TYPE OF ACTION	MISSION AREA/AGENCY	
ORGANIZATION	CITY AND STATE	
POSITION TITLE, SERIES, AND GRADE		
WORKING TITLE <i>(If applicable)</i>	SUPERVISORY POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO	
JUSTIFICATION <i>(Explain the need for the position, whether the organizational unit may be consolidated, and provide the employee-to-supervisor ratio of the unit and any other pertinent information.)</i>		
ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Provide more information, as follows:		
SIGNATURE AND TITLE OF APPROVING OFFICIAL		DATE