

CLASSIFICATION/PERSONNEL REQUISITION REQUEST FORM



Department: _____ Division: _____ Date: _____

POSITION INFORMATION

Position Title: _____ Class Code: _____ Position Number: _____

Non-Classified Position Title: _____

Type of Position:	Action:	Time Required:	Type of Work:	Announcement Type:	Source of Employee:
<input type="checkbox"/> Classified	<input type="checkbox"/> Create	<input type="checkbox"/> Full Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Open Competitive	<input type="checkbox"/> Referral from Existing List
<input type="checkbox"/> Non-Classified	<input type="checkbox"/> Fill	<input type="checkbox"/> Part Time	<input type="checkbox"/> Shift Work	<input type="checkbox"/> State Wide Promotional	<input type="checkbox"/> Referral from New Examination
<input type="checkbox"/> Temporary	<input type="checkbox"/> Reallocate	Hours per week _____		<input type="checkbox"/> Department Promotional	<i>Including the following:</i>
	<input type="checkbox"/> Review			<input type="checkbox"/> Reallocation	<input type="checkbox"/> Transfers <input type="checkbox"/> Reinstatements

Does this position require special qualifications (which differ from those established for all positions in this class)? ☐ Yes ☐ No

If "yes", attach the PD, describe the special qualification(s) and briefly explain why the special qualification(s) CANNOT be obtained through training during the probation/trial service period.

NOTE: Attach a PD for review for the following position type: ☐ Reallocation ☐ Fill ☐ Review

Reason for Vacancy: ☐ New Position ☐ Replacement for (employee name): _____

Date Position Became Vacant: _____ Expected Start Date: _____

Who should receive this referral list? Name: _____ Phone Number: _____

BUDGET INFORMATION

MONTHLY VACANCY SAVINGS Shift: ☐ 1st ☐ 2nd ☐ 3rd

Salary: _____

+ Benefits: _____

+ Shift Differential: _____

= **Total Compensation:** _____

FUNDING REQUEST Shift: ☐ 1st ☐ 2nd ☐ 3rd

Salary: _____

+ Benefits: _____

+ Shift Differential: _____

= **Total Compensation:** _____

Source of Funding Cost Center: _____ Salary Range: _____

Justification (include any information about position function and impact):

APPROVALS

Supervisor Signature: _____ Manager/Director Signature: _____

Division Chief Signature: _____ Budget Director Signature: _____

Chief Executive Officer (only for position creations, reallocations and salary changes): _____

HUMAN RESOURCES DEPARTMENT ACTION

Assigned Analyst: _____ Date: _____

Position Title: _____ Class Code: _____ Position Number: _____ Grade: _____ Salary: _____

Employee Name: _____ SSN: _____ Status: _____ Start Date: _____

Source of Action: ☐ New Employee ☐ Promotion ☐ Demotion ☐ Transfer (from): _____
☐ Re-Employment ☐ Former Employee Reinstatement

FLSA Status: ☐ Non-Exempt ☐ Exempt

Comments: