

Employee Requisition Form

Open positions are not automatically approved and must be reviewed before the position can be posted. This form will assist in explaining why it is necessary to fill the position. **No action is to be taken before the authorization of filling this position.**

Date of Request _____ Date New Hire Needed _____

Job Title _____ Department _____

Number of months to be worked per year **12 6 Other:** _____

Number of hours to be worked per week **40 30 Other:** _____

What will be the position's normal work schedule (days of week, shift, starting time, ending time, etc.)?

Administrative Staff _____ Hourly Staff _____

*(Exempt/salaried)

*(Hourly)

*Wage and hour laws define whether or not a position is paid on an exempt or hourly basis.

Weekends? (frequency) _____ Holidays? (frequency) _____ On-Call? (frequency) _____

Is this position a replacement? yes no If yes, attach an explanation of the reason for the vacancy and why this position ought to be retained. Include any changes you plan for this position, if applicable.

Established Salary Range _____ Budgeted Salary _____

Budget Account Number _____

Is this a new position, meaning it is not included in your current budget?

Yes No If yes, please complete **Part II** of this form.

Is this position the result of a departmental reorganization?

Yes No If yes, please seek the assistance Human Resources.

Approvals:

1) _____
Department Head/Elected Official signature _____ Date _____

2) _____
HR signature _____ Date _____

3) _____
County Mayor's office signature _____ Date _____

Decision		
__ Approved	__ Not Approved	__ On hold. Resubmit in ____ weeks
Position to be posted:		
__ Internally		
__ Externally		

Part II (complete Part I first)

New Position Request Worksheet

Please outline why this new position is necessary. _____

2. If this position is being requested due to increased workload volumes in your department, attach documentation, which shows that your current staffing levels are not sufficient.

3. If this position is approved, will any new equipment be required that is not currently included in your department budget? If so, please list the type of equipment and its cost.

4. Are there alternative methods available to meet your service needs, which would not result in the need to hire additional staff?

5. Attach any additional information you feel is important to the review of this request.