

REQUISITION FOR PERSONNEL

Please refer to Sections 3.16.010 through 3.16.110 of the Codified Ordinances related to Equal Employment Opportunity requirements.

Please complete a form for each allocation.

THIS REQUISITION WILL BE ACTIVE FOR A PERIOD OF NINETY (90) CALENDAR DAYS AND WILL BECOME INACTIVE AFTER THIS PERIOD. IN THE EVENT RECRUITMENT IS TO CONTINUE BEYOND SUCH PERIOD, A NEW REQUISITION WILL BE REQUIRED.

REQUISITIONS MUST BE SUBMITTED ONCE THE DEPARTMENT IS READY TO OPEN THE RECRUITMENT AND FILL THE VACANCY, SINCE IT CAN TAKE UP TO NINETY 90 DAYS TO FINALIZE A RECRUITMENT PROCESS.

DATE: _____ DEPARTMENT: _____ FUND#: _____

LOCATION OF JOB: _____

CLASSIFICATION: _____

SALARY RANGE: _____ STEP A THRU E MONTHLY SALARY: _____ EXTRA HELP HOURLY: _____

THIS IS AN: New Job M.O. # _____ Replacement (*Name of current/previous incumbent*) _____

EMPLOYEE NAME / ID#: _____ LAST DAY OF WORK: _____

Resigned Discharged Promotion Demotion Retired Transfer

Please check all that apply:

Regular Limited-Term Extra-Help Eligibility List Under Hire (from) _____

Intra-department (Dept. Only) Inter-department (All County Employees) Open Recruitment

PROVIDE ADVERTISING INSTRUCTIONS (newspapers, websites, etc):

APPLICANTS WILL BE INTERVIEWED BY: _____

Advertisement expenditure Org Key & Account # (to Debit) _____

Pre-Employment Background expenditure Org Key & Account # (to Debit) _____

DEPARTMENT HEAD SIGNATURE: _____

Signature, Name and Title

Date

HR USE ONLY		
Requisition Number: _____	PCN: _____	BU: _____
Replaced Requisition #: _____	Expiration Date: _____	
Extension Approval B&F: _____	Extension Approval CEO: _____	Extension Approval HR: _____
Extension Date: _____		
APPROVALS		
HR Review: _____	Date Approved: _____	Date Received: _____
Budget & Fiscal Approved: _____	Date Approved: _____	Date Received: _____
CEO Approval: _____	Date Approved: _____	Date Received: _____
Department Notified on: _____	HR Rep Assigned: _____	Date Entered into REQST: _____
RECRUITER PORTION		
Recruitment Opens: _____	Recruitment Closes: _____	Re-Open Dates (if applicable): _____
Applications forwarded to Department on: _____	Test Date: _____	Interview Date: _____
Date Selection Received by HR: _____	Date Selection approved by HR: _____ Date and contact to Department: _____	Name of Selection: _____ Employee ID (if applicable): _____
Background Check Started: _____ <input type="checkbox"/> DOJ <input type="checkbox"/> E-Relation <input type="checkbox"/> Other _____	Background Check Cleared: _____ Date & contact for Clearance to Dept.: _____	Date of Physical Exam: _____ Date of Drug Test: _____
Date of Treadmill Exam: _____	Date of Psychological Exam Written: _____ Oral: _____	Date & contact for Clearance to Department: _____
Employee ID#: _____	<input type="checkbox"/> New Hire <input type="checkbox"/> EH to REG <input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Budget/Transfer Date: _____	