Personnel Request
(Recruiting to fill a job position)

SECTION #1: To be completed by Division Leader.

Date Completed _____   **Division** _____

Request by who (name and title) _____

Job Title _____   **Pay Range** _____

How would you like this posted?   ☐ Open   ☐ Closed   ☐ Both

Open = available to all employees and the public. Closed = available to CCPH employees only.

Reason for posting _____

_____

By what date would you like this position filled? _____

☐ **By marking this box, I approve the above personnel request as the Division Leader.**

**Division Leader: When Section #1 is completed, e-mail this form to the Fiscal Manager.

SECTION #2: To be completed by the Fiscal Manager.

Starting Salary Range _____   **Ending Salary Range** _____

Source of Funding _____

Is there sufficient funds? _____

**Fiscal Manager: When Section #2 is complete, print this form and give to the Health Commissioner. Attach the most current job description with the request.

SECTION #3: To be completed by the Health Commissioner.

☐ APPROVE Request   ☐ DENY Request

If request was denied, state the reason. _____

_____

Health Commissioner _____   **Date** _____

**Health Commissioner: When Section #3 is complete, give completed form to the Fiscal Manager. If the request was approved, the Fiscal Manager will then complete 800-017-02-Posting Request Form and send that form to the appropriate city departments. If the request was denied, the Fiscal Manager will give a copy of this form to the Division Leader making this request.