## Personnel Request (Recruiting to fill a job position)



Date Completed Divisio	n
Request by who (name and title)	Pay Range
Job Title	Full-time, part-time or seasonal?
How would you like this posted?	
Reason for posting	
By what date would you like this position filled?	
How many days do you want the job posted (the minimu	m is 14 days)?
☐ By marking this box, I approve the above personnel i	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 End	ding Salary Range
Source of Funding	
Is there sufficient funds?	
** <u>Fiscal Manager</u> : When Section #2 is complete, print this for current job description with the request.	rm and give to the Health Commissioner. Attach the most
SECTION #3: To be completed by the Health Commission	oner.
☐ APPROVE Request ☐ DENY Request	
If request was denied, state the reason.	
Health Commissioner	Date

<sup>\*\*</sup>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.