



CITY OF SAN RAFAEL PERSONNEL REQUISITION

PART I- TO BE COMPLETED BY DEPARTMENT

1. DEPARTMENT/ DIVISION:	2. DATE:
3. JOB CLASS TITLE:	4. NO. POSITIONS REQUESTED:
5. APPOINTMENT: <input type="checkbox"/> REGULAR STATUS FTE: _____ % <input type="checkbox"/> FIXED-TERM, FTE: _____ % <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> TEMP/SEASONAL	6. NEW POSITION? <input type="checkbox"/> YES (<i>increasing Authorized Position Count requires Council approval. Please attach JAC</i>) <input type="checkbox"/> NO (<i>please fill out information below</i>): EMPLOYEE REPLACED: _____ POSITION #: _____ EMPLOYEE #: _____ EMPLOYEE REPLACED: _____ POSITION #: _____ EMPLOYEE #: _____
7. DEPARTMENT REQUESTS: <input type="checkbox"/> EMPLOYMENT FROM ELIGIBILITY LIST <input type="checkbox"/> IN-HOUSE PROMOTION (<i>min. 5 day posting</i>) <input type="checkbox"/> OPEN RECRUITMENT	
8. ANTICIPATED APPOINTMENT DATE: 9. COMMENTS (<i>required</i>):	
10. DEPARTMENT DIRECTOR CERTIFICATION: The duties to be performed by the employee(s) requested will conform to the specifications for the above Class title. I also certify that the above position is authorized in my budget. The budget account number(s): _____ _____ DEPARTMENT DIRECTOR SIGNATURE	

PART II- HUMAN RESOURCES USE ONLY

<input type="checkbox"/> RECRUITMENT ON HOLD	VACANCY/LIST VERIFIED <input type="checkbox"/> BY: _____
<input type="checkbox"/> EXISTING ELIGIBILITY LIST	
<input type="checkbox"/> CREATE ELIGIBILITY LIST	
<input type="checkbox"/> CM VETTING REQUIRED <small>(prior to conditional offer, if checked)</small>	
	POSITION # (<i>if new position</i>): _____

Send completed form to Rhonda Castellucci

PART III- CITY MANAGER/FINANCE APPROVAL

CITY MANAGER

ADMINISTRATIVE SERVICES DIRECTOR