

CITY OF SAN RAFAEL  
PERSONNEL REQUISITION FORM

**PART I – TO BE COMPLETED BY DEPARTMENT DIRECTOR**

DEPARTMENT/DIVISION	DATE
JOB CLASS TITLE	HIRING MANAGER
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  NUMBER OF POSITIONS REQUESTED	NEW POSITION? <input type="checkbox"/> <b>YES</b> – increasing Authorized Position Count requires Council approval. Must attach completed and approved <a href="#">Job Action Check List</a> <input type="checkbox"/> <b>NO</b> – for existing positions, fill out information below (for as many vacancies to be filled)  Employee Replaced: Employee #:                                  Position #:  Employee Replaced: Employee #:                                  Position #:

DEPARTMENT REQUESTS

EMPLOYMENT FROM CURRENT ELIGIBILITY LIST  
 IN-HOUSE PROMOTION (minimum 5-day posting required)  
 OPEN RECRUITMENT

**COMMENTS (required):** \_\_\_\_\_ **ANTICIPATED APPOINTMENT DATE (required)** \_\_\_\_\_

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

**Email completed form and any attachments to [Rhondac@cityofsanrafael.org](mailto:Rhondac@cityofsanrafael.org)**

**PART II – HUMAN RESOURCE USE ONLY**

RECRUITMENT ON HOLD until \_\_\_\_\_

EXISTING ELIGIBILITY LIST                          VACANCY/LIST VERIFIED BY: \_\_\_\_\_

CREATE ELIGIBILITY LIST

CM VETTING REQUIRED                                  POSITION # (if new position): \_\_\_\_\_

**PART III – CITY MANAGER/FINANCE APPROVAL**

\_\_\_\_\_  
HR DIRECTOR

\_\_\_\_\_  
ASST. CITY MANAGER or CITY MANAGER