



City of Coral Gables – Human Resources Department *Employee Requisition Form*

REQUESTING DEPARTMENT: _____

Division: _____ **Position No.:** _____

Title & Classification Number: _____ **Pay Grade:** _____

Position Type: *Regular* *Part-Time* *Temporary* *Additional/Non-Budgeted*

0-14 hours 15-24 hours 25+ hours

Budgeted: *Yes* *No* **Rate of Pay (Hourly / Bi-weekly):** _____

Requested Starting Date: _____ **Ending Date (if temporary):** _____

Please check one: *New Position* *Existing Position*

Prior Employee: _____ **Date Position Vacated:** _____

Requesting Department Director's Signature: _____ **Date:** _____

FINANCE DEPARTMENT: *Additional/Non-Budgeted* \$ _____

Vacancy _____ *Other* _____ **Current FY Budgeted Salary:** \$ _____

Comments: _____

Approval/ **Disapproval:** _____ **Date:** _____

CITY MANAGER'S OFFICE:

Approval/ **Disapproval:** _____ **Date:** _____
Assistant City Manager (if applicable)

Approval/ **Disapproval:** _____ **Date:** _____
City Manager

HUMAN RESOURCES DEPARTMENT:

In accordance with Rule 5.2 of the Personnel Rules & Regulations, does vacancy exist?

Yes *No*

Check one: *New Employee* *Laid off register* *Promotion*

Transfer *Other* _____

Processed by: _____ **Date:** _____