



City of Coral Gables – Human Resources Department

Employee Requisition Form

REQUESTING DEPARTMENT: _____

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

Title & Classification No.: _____ **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):** _aaaaa_____

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

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

Direct Hire (per HR policy. Justification Memo MUST be attached.)

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:** _____