



# Request to Fill Position

Submit this form, a memorandum and current position description to the City Administrator for review and submittal to the Administration and Finance Committee. To ensure adequate time for review, submit the Friday prior to the Council Agenda Deadline day.



Department/Division: \_\_\_\_\_ Position Title: \_\_\_\_\_

Reason for Request:  New Position OR  Replacement to Staff - Date of Vacancy: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Person Replaced: \_\_\_\_\_

Position Status:  Full-time  Part-time AND  Regular  Temporary  Provisional  Special  Other

If other than Full-time or Regular, indicate work schedule (hours per week, days to be worked, etc.) and

anticipated duration of employment: \_\_\_\_\_

Funding Source:  Operating  Grant  Other: \_\_\_\_\_

Anticipated Date for Filling Position: \_\_\_\_/\_\_\_\_/20\_\_\_\_



Is the position required for fiduciary, legal or compliance requirements?  No  Yes, describe: \_\_\_\_\_

\_\_\_\_\_

Why is it necessary that this position be filled? What operational needs does this position fulfill? \_\_\_\_\_

\_\_\_\_\_

What will be the impacts on service functions to the public if the position is not filled? \_\_\_\_\_

\_\_\_\_\_

What will be the impacts on service to city staff if the position is not filled? \_\_\_\_\_

\_\_\_\_\_

What reorganization possibilities have been considered, such as elimination of the position or combining duties with other existing positions? (If none, provide rationale.) \_\_\_\_\_

\_\_\_\_\_

How has this vacancy/need been covered so far? \_\_\_\_\_

\_\_\_\_\_

How many other similar positions exist in this department? \_\_\_\_\_



### Requestor Information

Please Print: \_\_\_\_\_  
Name Title Department

Signature/Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Attached:  Memorandum  Current Position Description