



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