

CITY OF NEWTON
REQUISITION TO FILL POSITION
(REV NOV 2022)

Department: _____ **Date:** _____

Title: _____ **Position # in Munis:** _____

Group/BU: _____ **Grade:** _____ **Salary Range (full range):** _____

Number of vacancies: _____ **Suggested start date:** _____ **If temp, end date:** _____

Status of Position: *Check all that apply.*

- | | | |
|--|--|--|
| <input type="checkbox"/> New Position | <input type="checkbox"/> Existing Position | <input type="checkbox"/> Part-time, less than 20 hours, not benefit eligible |
| <input type="checkbox"/> New FTE through budget,
approved by Council | <input type="checkbox"/> Permanent | <input type="checkbox"/> Civil Service |
| <input type="checkbox"/> Title change of existing
FTE (Position Control Form
must be submitted) | <input type="checkbox"/> Temporary | <input type="checkbox"/> Non-Civil Service |
| <input type="checkbox"/> FTE repurposed, moved to
new division w/in dept.
(Position Control Form
must be submitted) | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Non-Union |
| | <input type="checkbox"/> Full-time | <input type="checkbox"/> Union, Local # _____ |
| | <input type="checkbox"/> Part-time, 20+ hours,
benefit eligible | |

Job description must be attached.

Previous Incumbent: _____ **Employee #:** _____

Previous incumbent's last day in the position: _____

- Retired Resigned Terminated/Separated Promotion/Change Other: _____

I certify that an appropriation has legally been made and that there are sufficient funds available to pay employee(s) for the balance of the fiscal year or term of employment and that the position(s) to be filled has been authorized under the provisions of Section 2-107 of the City Ordinances.

Approvals:

Department Head

Chief Financial Officer

Director of Human Resources

Comptroller

Mayor