City of Somerville
Human Resources Department Requisition Form

Rev. FY23

To be Completed by Department

Department: _____

Division: _____
(If Applicable)

Job Title: _____

New Position ☐   **Resignation/Separation/Retirement** ☐   **Promotion/Upgrade/Transfer** ☐

Existing position to replace: _____
(Employee Name or N/A)

Promotion/Upgrade for: _____

For Human Resources ONLY to complete:	
Req#:	
FLSA Exempt:	☐
FLSA Non-Exempt:	☐
EEO Class:	
EEO Function:	

Department Verify

Choose either "Non-Union" or "Union" and include Grade/Step. Use "N/A" if does not apply to position.

☐ **Non Union**   **Grade / Step:** _____   ☐ **Union**   **Union Name** _____   **Grade / Step:** _____

☐ **Permanent**   ☐ **Temporary**   **From:** _____   **To:** _____

☐ **FT 40 hrs./wk.**   ☐ **PT 30-39 hrs./wk.**   ☐ **PT 20-29 hrs./wk.**   ☐ **PT 1-19 hrs./wk.**

Rate of Pay: $ _____   ☐ Hourly ☐ Weekly ☐ Monthly ☐ Yearly   ☐ Shift Differential: _____

Schedule (Days/Hours per week): _____

HR Verify

Complete Section A if position is paid by City Appropriations or Section B if position is funded by Grants

Section A - City Budget

Department ORG#: _____   **Object #:** _____   **Earliest Start Date:** _____

Existing Budget   **Yes** ☐   **No** ☐ - If no, please describe and document source of available funds:

_____

Section B - Grant Funded

Department #: _____   **Object #:** _____   **Cost Center:** _____

Existing Grant   **Yes** ☐   **No** ☐ - If no, please attach a copy of grant award and budget

Auditing Verify

Requisition Form Completed by: _____   **Date:** _____

Department Head Signature: _____   **Date:** _____

HR Director Signature: _____   **Date:** _____

City Auditor Signature: _____   **Date:** _____

Mayor Signature: _____   **Date:** _____