

**NEW EMPLOYEE REQUEST AUTHORIZATION FORM
FISCAL YEAR 2019-20**

Department Name _____ Department Number _____ Date Position Needed _____

Position Title	Account #	# Positions	Estimated Annual Hours (Not To Exceed 1,000)	Step	Wage Rate	Annual Salary	CalPERS	Medicare	Unemployment	Workers' Comp	Medical (ACA)	Part Time Retirement (OBRA)	TOTAL EXPENSE
						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Instructions:

- Column A - Enter the position title - please see HR for a list of titles and salary ranges.
- Column B - Enter the account number that will fund the position - please contact your analyst or Finance with questions.
- Column C - Enter the number of positions of that title you are requesting (almost always 1).
- Column D - Enter the number of hours the position will work in the fiscal year you are requesting.
- Column E - Enter the requested wage rate at which you wish to hire the position - please see HR for a list of titles and salary ranges.

Attach this form to the "Personnel Requisition Form"

1) Why is the Position needed?

2) Where will the position be located? (Facility) _____

3) Is this position Budgeted? Yes / No

4) Length of assignment? (Weeks/Months) _____

5) Will this position increase Department revenue? If yes, please explain. _____

6) If this position generates revenue, please estimate the amount of revenue generated for the fiscal year. _____

7) Identify funding sources from existing budget or estimated savings or transfers to offset the cost of this position:

<u>Account</u>	<u>Amount</u>
	\$0
	\$0
	\$0
	\$0
	\$0

Director Approval: _____

Finance Director: _____

Assistant CM: _____

Budget Manager: _____

HR Dept. Head: _____