



**CITY OF HIALEAH – HUMAN RESOURCES DEPARTMENT
EMPLOYEE REQUISITION FORM**

Date: _____

REQUESTING DEPARTMENT: _____ Hiring

Division: _____ Position No.: _____ Title & Classification No.: _____

Position Type: Full-Time Part-Time Temporary Overage/Non-Budgeted

Position Title: _____ Range: _____ Step: _____ Account Number: _____

Budgeted Position: Yes No Pay Rate: _____

Is position currently vacant? Yes No

If yes, vacancy created by: _____ on _____
Previous Employee Date Position Vacated

Justification: _____

Requesting Department Director's Signature: _____ Date: _____

Approved Disapproved HR Director/Designee: _____ Date: _____

FINANCE MANAGEMENT DEPARTMENT:

Budgeted Salary: _____ Overage Amount: _____

Approved Disapproved

Division Director of Budget and Finance/Designee: _____ Date: _____

Approved Disapproved

Executive Director of Finance Mgmt./Designee: _____ Date: _____

Notes: _____

FY 20	Fringe Benefits
_____	42.88% AFSCME
_____	91.29% FOP
_____	95.45% IAFF

MAYOR'S OFFICE:

Approved Disapproved Mayor/Designee: _____ Date: _____

HUMAN RESOURCES DEPARTMENT:

New Employee Laid Off Register Promotion Transfer Eligibility List Other: _____

Notes: _____

Processed by: _____ Date: _____