



REQUEST TO ADVERTISE FORM

DATE: _____

DEPARTMENT NAME: _____

JOB POSTING DETAIL:

PUBLIC POSTING: IN-HOUSE POSTING: IN-COUNTY POSTING:

POSTING DURATION: _____ DAYS (MINIMUM 5 CALENDAR DAYS)

VACANT POSITION DETAIL:

JOB TITLE: _____ BUDGET: _____

PCN: _____ PAY GRADE: _____

SALARY IF NO PAY GRADE: _____ PER _____

CIVIL SERVICE: NON-CIVIL SERVICE:

JOB LOCATION: _____

WORKING HOURS: _____ : _____ - _____ : _____

WORKING DAYS: _____ - _____

ADMINISTRATIVE DETAIL:

DATE EMPLOYEE REQUIRED: _____ POSITION BECAME VACANT WHEN

INTERVIEWER: _____ SUPERVISOR: _____

WHEN DID POSITION BECOME VACANT: _____ (ATTACH PROOF)

SIGNATURE OF DEPARTMENT HEAD