

REQUEST TO ADVERTISE FORM

TO: CAMERON COUNTY HUMAN RESOUR	CES DEPT.	
DATE:		
DEPARTMENT NAME:		
JOB POSTING DETAIL:		
Attach Salary documentation. Exam	ples: Pay Plan/Salary Schedule)	
PUBLIC POSTING:	IN-HOUSE POSTING:	IN-COUNTY POSTING:
POSTING DURATION:	DAYS (MINIMU	M 5 BUSINESS/WORKING DAYS)
JOB TITLE:	FUND/DEPT NO:	
PCN:	PAY GRADE:	
SALARY IF NO PAY GRADE: _		PER
CIVIL SERVICE:	NON-CIVIL SERVICE:	-
PART-TIME:	FULL-TIME:	
JOB ADDRESS:		
WORKING HOURS:	;;	
WORKING DAYS:		
DATE EMPLOYEE REQUIRED	:	
INTERVIEWER:		SUPERVISOR:
WHEN WILL POSITION BECC	OME AVAILABLE:	(ATTACH DOCUMENTATION
PRINT NAME OF DEPT HEAD)	SIGNATURE OF DEPARTMENT HEAD
BUDGET OFFICER/COUNTY		
REQUIRED FOR ALL NEW P	OSITIONS OR POSITION NO	T IN THE PAY PLAN
APPROVED PAY:		
GRANT FUNDED: YES: (If,	yes required to post "Gran	nt Funded" in Job Posting) NO:
BUDGET OFFICER/COUNTY	 AUDITOR'S SIGNATURE	DATE
Reviewed/Acknowledged in	 n Human Resources by:	