



Requisition / Position Needs Analysis

Department _____ Position: _____ Date: _____

Name of Supervisor _____

Check all that apply:

- New Position
 Replacement Position
 Reclassification
 Full-Time
 Part-Time
 Temporary Seasonal

Note: Reclassification needs approval from the HR Committee.

1. If this is a new position, have you budgeted for it? **If not, you will need written approval from the Finance Director.**
 Yes No
2. If this is a replacement position, will the City recognize a savings? What is the approximate savings?
3. If this is a replacement position and additional funds are necessary, you need to discuss this with the Finance Director prior to submitting this form. Once approved, list the additional funding that you will need.
4. Review the Job Description. Is the job description accurate? Yes No
If it needs to be changed, consult with HR before submitting this form.
5. Which persons or departments will this individual have frequent interaction with?
6. Is this a single incumbent position? If not, what is the number of the same positions in the department?
7. Is it possible to redistribute the workload or make other changes to eliminate this position? What have you already tried?



I. If you have salary information from other sources, please complete the table below:

| | <u>Job Title</u> | <u>Pay Band</u> | <u>Source</u> |
|----|-------------------------|------------------------|----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

II. Fiscal Impact

Salary Range: Pay Grade _____ Minimum _____ Midpoint _____

| | |
|--|----------|
| Annual Budgeted Salary cost | \$ _____ |
| – New Employee cost (from start date to year-end) | \$ _____ |
| Add 30% to salary if benefits eligible | \$ _____ |
| Total Savings | \$ _____ |

Special Considerations:

III. Recommendation:

Fill **Do Not Fill**

 Manager

 Department Head

 Human Resources Director

 Mayor