

ECTOR COUNTY PERSONNEL REQUISITION

JOB TITLES AND JOB NUMBERS SHOULD CORRESPOND TO SALARY CLASSIFICATION TITLES AND NUMBERS APPROVED BY ECTOR COUNTY COMMISSIONERS' COURT. DUTIES MUST CORRESPOND TO THE ADOPTED JOB ANALYSIS/DESCRIPTION AND TASK ELEMENTS APPROVED FOR THIS JOB TITLE AND NUMBER. ANY VARIATION IN JOB DESCRIPTION OR TASK ELEMENTS REQUIRE PRIOR APPROVAL BY THE ECTOR COUNTY COMMISSIONERS' COURT.

Date _____ No. _____
(PERSONNEL USE)

Department _____ Dept. No. _____

Job Title _____ Job Class No. _____

Fund Account Number _____ Exempt _____ Non-exempt _____

PLEASE COMPLETE ONE OF THE FOLLOWING APPLICABLE SECTIONS -- I, II, OR III

I. Newly Budgeted:
Date of Budget Authorization _____ Number of Positions _____

II. Replacement:
Name/SS# of Current Incumbent _____

Date Position Vacant _____ Expected Date of Appointment _____

Job Title & Class Number _____

III. Approved for Budget Variance:
Originally Budgeted Job Title & Class Number _____ Salary _____/hour

Newly Approved Job Title & Class Number _____ Salary _____/hour

Type of Appointment (Check type(s), indicate hours [8 a.m. - 5 p.m.], etc.)

Regular _____ Part-time _____ Work Hours _____ Shiftwork _____

Temporary _____ Seasonal _____ Work Days _____ Weekends _____

Other (Describe) _____

Number of Vacancies _____ Salary/Hour _____

Dates job is to be posted are from _____ thru _____.
(The position may be held open or re-opened if applications are not satisfactory.)

Do you want it advertised in the Newspaper? Yes _____ No _____
Check posting desired:

___ OPEN TO PUBLIC ___ COUNTY EMPLOYEES ONLY ___ DEPARTMENT EMPLOYEES ONLY

Personnel Department is Requested to Screen for the Following:

Note: **SCREENS MUST BE RELEVANT TO THE POSITION ADVERTISED!** Personnel Dept. will sort applications by requirement categories, but departments will be expected to verify past experience, education, and interview.

Commercial Driver's License required for position: _____ Yes _____ No

Driver License Record _____ Typing _____ wpm Other _____

Drug/Alcohol (automatic) XXX Ten-key _____ Filing _____

Experience _____ Education _____ Handwriting _____

I authorize the above Personnel Requisition Form and acknowledge that Ector County is an Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age and disability in employment or the provision of services.

Signature of Official/Department Head _____

Title _____

Date _____

FOR PERSONNEL DEPARTMENT USE ONLY BELOW THIS LINE

Requisition No. _____

Personnel Officer _____

Code _____

Number of applications received: _____

Number of applications interviewed: _____

Filled by: New Hire _____

Promotion: Departmental _____ Other Department _____

Lateral Transfer: Departmental _____ Other Department _____

Demotion: Departmental _____ Other Department _____

Part-Time/Temp to Regular _____

Intern/Volunteer to Regular _____

Other (Describe) _____

Name _____

Starting Date _____

Salary _____/hr