SARPY COUNTY

CLASSIFIED PERSONNEL REQUISITION FORM

VACANCY INFORMATION

Department: _____ **Division:** _____

Application Reviewers*: _____

*Please be accurate: Reviewers CANNOT be changed once the posting is active.

Reason for Vacancy (select ONE)**:** ☐ New Position ☐ Resignation ☐ Retirement ☐ Promotion ☐ Transfer ☐ Dismissal/Layoff

_____

Name of previous incumbent/employee. If no previous incumbent, write 'N/A'.

Budgeted Position (select ONE)**:** ☐ Yes ☐ No ☐ Grant*

*If grant is terminated / not renewed / reduced, position may be eliminated / reduced. There is no obligation for the County Board to fund.

JOB DESCRIPTION INFORMATION

Job Description Status (select ONE)**:** ☐ Review ☐ Create ☐ No Action Needed

Job Title: _____

Introductory Probationary Period: (select ONE)**:** ☐ 6 months ☐ 12 months ☐ Other* _____

*By statute, CANNOT exceed 12 months

POSTING INFORMATION

Appointment Type (select ONE)**:** ☐ Classified ☐ Temporary ☐ Casual/Seasonal ☐ Provisional ☐ Emergency

Employee Type (select ONE)**:** ☐ Full-Time ☐ Less than 20 hours per week ☐ 20-29 hours ☐ 30+ hours*

*May be insurance eligible; contact HR for specifics

Scheduled Days / Hours of Work: _____

Number of Days to Post*: _____

*INTERNAL Post: FIVE Calendar Days. EXTERNAL Post: minimum SEVEN Calendar Days. Please indicate in the above how many CALENDAR Days if the posting is for EXTERNAL applicants.

Pay* To Be Posted: ☐ Step 1 ☐ Full Range

*Prior to Job Offer, contact HR for applicable rules of starting wage requirements

SELECTION PROCESS

Number to Interview*: _____

*Minimum of 5 qualified applicants; if less than 5 apply, must interview all qualified

Requested Testing: ☐ MS Word ☐ MS Excel ☐ PowerPoint ☐ Typing ☐ 10-Key ☐ Other*: _____

*Contact HR for other available tests

HR Create Interview Questions (select ONE)**:**	☐ Yes	☐ No
HR Schedule Interviews (select ONE)	☐ Yes	☐ No
HR Create Interview Packets (select ONE)	☐ Yes	☐ No
HR Facilitate Interviews (select ONE)**:**	☐ Yes	☐ No
HR Conduct Reference Checks (select ONE)**:**	☐ Yes	☐ No

APPROVALS

_____ _____

Elected Official/Department Head **SUBMIT to HR** **Date**

_____ _____

Human Resources Representative **Date**

Revised 11/2020