



City of Somerville  
Personnel Department Requisition Form

Rev. FY23

To be Completed by Department	Department: <u>Health and Human Services</u>	For Personnel Use New Positions:	Department Verify
	Division: <u>Health Department</u> <i>(If Applicable)</i>	Req#:	
	Job Title: <u>Case Manager</u>	FLSA Exempt: <input checked="" type="radio"/>	
	New Position <input checked="" type="radio"/> Resignation/Separation/Retirement <input type="radio"/> Promotion/Upgrade/Transfer <input type="radio"/>	FLSA Non-Exempt: <input type="radio"/>	
Existing position to replace: _____ <i>(Employee Name or N/A)</i>	EEO Class:	EEO Function:	Personnel Verify
Promotion/Upgrade for: _____	Choose either "Non-Union" or "Union" and include Grade/Step. Use "N/A" if does not apply to position.		
<input checked="" type="radio"/> Non Union Grade / Step: <u>NU11-5</u> <input type="radio"/> Union Union Name: _____ Grade / Step: _____	<input type="radio"/> Permanent <input checked="" type="radio"/> Temporary From: <u>03/01/2023</u> To: <u>6/30/2023</u>		
<input checked="" type="radio"/> FT 40 hrs./wk. <input type="radio"/> PT 30-39 hrs./wk. <input type="radio"/> PT 20-29 hrs./wk. <input type="radio"/> PT 1-19 hrs./wk.	Rate of Pay: \$ <u>1248.96</u> <input checked="" type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="checkbox"/> Shift Differential: _____		
Schedule (Days/Hours per week): <u>Monday Thur Friday Normal City Hours</u>	Complete Section A if position is paid by City Appropriations or Section B if position is funded by Grants		
Section A - City Budget			
Department ORG#: <u>0151251</u> Object #: <u>511000</u> Earliest Start Date: <u>3/01/2023</u>	Existing Budget Yes <input checked="" type="radio"/> No <input type="radio"/> - If no, please describe and document source of available funds: <u>Available salary funds due to vacancies.</u>		
Section B - Grant Funded			
Department #: <u>Health and Human Services</u> Object #: _____ Cost Center: _____	Existing Grant Yes <input type="radio"/> No <input type="radio"/> - If no, please attach a copy of grant award and budget		

Requisition Form Completed by: Lucy Barrows Date: 01/19/2023

Department Head Signature: [Signature] Date: 1/19/2023

Personnel Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Auditor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mayor Signature: \_\_\_\_\_ Date: \_\_\_\_\_