City of Klamath Falls

REQUEST TO FILL VACANT POSITION

Classification Title: _____

Department/Division:_____

Full-time ☑ Part-time ☐ Work Schedule/Shift: _____

Funding Source(s): _____

If the department is requesting changes to the job description, please attach the changes to this form.

_____ _____

Supervisor Signature Date

_____ _____

Department Director Date

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FINANCE REVIEW / RECOMMENDATION

_____

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_____

_____ _____

Finance Officer Signature Date

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HUMAN RESOURCE REVIEW / RECOMMENDATION

Job Analysis Required: YES ☐ NO ☐

_____

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_____

_____ _____

Support Services Director Date

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_____ _____

City Manager Signature Date

Approve ☐ Deny ☐

Return Form to Human Resources