



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

PERSONNEL REQUISITION (PR)

Must print in Black or Blue ink ONLY.

ACTION REQUESTED - ALL ACTIONS REQUIRE CAO APPROVAL

Note: A manual PR is not necessary if there is an Online PR submitted for the requested action, except for SOC

A	<input type="checkbox"/> 1. SEE ORIGINAL CERTIFICATION (SOC)	<input type="checkbox"/> 2. CHANGE OF APPOINTMENT	<input type="checkbox"/> 3. EXTRA-HELP/RECURRENT APPOINTMENT
	<input type="checkbox"/> 4. PSD - Initiate New Contract	<input type="checkbox"/> 5. VOLUNTARY DEMOTION	<input type="checkbox"/> 6. JOB CHANGE
	<input type="checkbox"/> 7. DUAL APPOINTMENT	<input type="checkbox"/> 8. APPOINTMENT TO ADDITIONAL CONCURRENT POSITION	<input type="checkbox"/> 9. APPOINTMENT – UNCLASSIFIED REGULAR POSITIONS ONLY
	<input type="checkbox"/> 10. UNDERFILL <input type="checkbox"/> Budgetary <input type="checkbox"/> Trainee	<input type="checkbox"/> 11. PUBLIC SERVICE EMPLOYEE	<input type="checkbox"/> 12. Other _____

B	Name of Employee Replaced (Last Name, First Name)	Name of Employee Hired (Last Name, First Name)	Effective Date
	Company	Department / Job Location	Department ID
	Position No.	Budgeted Job Code Title / Job Code	
	Classified Position <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Job Code Title / Job Code (if different from Job Code Title above) – Underfill Agreement Form	

C	SEE ORIGINAL CERTIFICATION (SOC)	
	Provide information from original certification list: Date of Requisition _____ Requisition # _____	
	Certification Factors, if any: Job Type - <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Recurrent/Extra Help Shift - <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Nights <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends	
Geographic Area: _____		Skills (if any): _____

D	DUAL APPOINTMENT CERTIFICATION LIST REQUEST	
	Certification Factors: Job Type - <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Recurrent/Extra Help Shift - <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Nights <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends	
	Geographic Area: _____ Skills (if any): _____	
DUAL/ADDITIONAL CONCURRENT POSITION APPOINTMENTS		
Provide justification or a brief explanation. For dual appointments, include the plan to resolve the dual appointment.		

APPOINTING AUTHORITY – REQUIRED FOR ALL ACTIONS

Appointing Authority or Designee - Print Name: _____	Signature: _____	Date: _____
Contact Person regarding Personnel Action: _____	Phone Number: _____	

GROUP/CAO REVIEW - REQUIRED FOR ALL ACTIONS

Finance Analyst: _____	Signature: _____	Date: _____
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Office Use Only

See Procedures to determine form distribution after obtaining all required signatures.

EMPLOYMENT DIVISION – HUMAN RESOURCES

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied, comments: _____
Signature: _____	Date: _____

CERTIFICATION

Control Number: _____	Date Received: _____	Date Certified: _____
Comments: _____		

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.