

MACOMB COUNTY

Human Resources and Labor Relations Department

1 South Main Street, 6th Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6974

RECOMMENDATION TO FILL VACANT POSITION

NAME:

Last First Middle Initial

TELEPHONE: () _____

ALTERNATE PHONE: () _____

- CANDIDATE'S CURRENT STATUS (Check One):
- External Applicant
 - Regular Full-Time Employee
 - Temporary Employee
 - Regular Part-Time Employee
 - Contingent Employee

RECOMMENDED ACTION (Check One):

- FT Hire
- PT Hire
- Temporary Hire
- Temporary / Out of Class Assignment
- Contingent Hire
- Voluntary Demotion
- Demotion
- Transfer
- Promotion
- Other _____

RECOMMENDATIONS:

Classification: _____

Replacing: _____

Dept. Name (abbr.): _____

Tentative Effective Date: _____

Dept. Org #: _____

Posting #: _____

NEW HIRE CANDIDATE (If rate above hiring maximum – attach justification):

- Min
- Mid
- Max
- Other _____

CURRENT EMPLOYEE CANDIDATE:

- Normal promotional increment
- Other _____

A requested rate beyond a normal increment requires written justification (please attach).

Elected Official/Department Head Signature

Date

Human Resources and Labor Relations Approval(s):

Director of Human Resources and Labor Relations

To Be Completed by the Human Resources and Labor Relations

Name: _____

SSN: _____

Salary: _____ Step: _____

Salary Range: _____ To _____ (_____ range)
minimum maximum Salary Range Year

Tentative Effective Date: _____

Justification for Change (termination, promotion, etc.): _____

Position Reconfirmation Date: _____

	New Hire	Current	Recommended
Position Reason (Prom., Demotion)			
Title / Classification			
Job Code			
Index Wage Structure			
Department number			
Union			
Type			
Hours per: Day / Year / Period			
Pay Class			
PCN			
Salary / Hourly Rate			Rate Difference
Calendar			
Next Increment (MISC INFO - DATE 4)			
Class Seniority (POS/PCN SEN)			
Dept Seniority (MISC INFO - DATE 1)			
Union Seniority (MISC INFO - DATE 3)			
Ret Plan Date (MISC INFO - DATE 5)			
Ret Svc Credit (MISC DATE - DIST SEN)			
Longevity Date (MISC DATE)			
Hire Date (QUICK ENTRY)			
Rehire Date (MISC INFO - DATE 6)			

New Hire Verified Effective Date: _____

Confirmed By: _____
Initial / Date

 Signature

 Date

Received By: _____
 Budget