

**Town of Natick**  
**Employment Requisition Request**

Date	Job Title	Department
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Reason:       New Position       Replacement

If replacement, name of person leaving/left \_\_\_\_\_ Employee # \_\_\_\_\_

Requested Start Date:      Circle One:      Regular    Seasonal    Temporary

Circle One:      Full Time    Part Time      Note: If part time, is the position benefits eligible:  Yes     No

Rate of Pay:    Hourly \_\_\_\_\_      ORG Number \_\_\_\_\_      OBJECT Number \_\_\_\_\_

Union Position     Yes     No

Annually \_\_\_\_\_      Union Affiliation: \_\_\_\_\_

Have the duties of the position changed:  Yes     No      If so, please outline specific duties and qualifications required to perform the function. Also, include any specific licenses required.

Department Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_