CITY OF NEW HAVEN

DEPARTMENT OF HUMAN RESOURCES

REQUEST TO APPOINT FORM

EMPLOYEE NUMBER

Applicant#

SECTION 1: APPOINTEE INFORMATION

Name: _____
Last Name First Name M. Initial Suffix

Address: _____
No. Street City State Zip

Telephone: _____
Home # Cell #

Personal Email: _____

Currently OR Previously ◯ ◯
Employed with City / BOE? **Y / N** **If yes, title & dept:** _____

SECTION 2: ACTION CODE Select Appointment Type with a ✓ in the appropriate box:

	F12 C	= Full Time 12-Month General Funds
	F12 S	= Full Time 12-Month Special Funds
	CONT	= Contractual Upgrade or Change
	PFPR	= Probationary Fire Recruit
	PPRO	= Probationary Police Recruit

	PROM	= Promotional Appointment
	19NC	= Part Time (Max 19 Hrs/wk)
	SEAS	= Seasonal (120 Day Max)
	TMPT	= Temporary Pending Testing
	OTHER	(describe)

*Note: Use the **Intern RTA** for the appointment of Student Interns*

SECTION 3: POSITION / APPOINTMENT INFORMATION

Req #

Department & Division: _____

Job Class Code: _____ **Job Title:** _____

Civil Service List #: _____ **Union / BU Code:** _____ **Funding**: ☐ General ☐ Special* ☐ Capital

Funding Acct # ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ **Budget Position Number:** _____
Org # Object # Required for all Full Time Appointments

Range _____ **/ Step** _____ = **Annualized Salary**: $ _____ (OR Hourly Rate if P/T)

☐ **Full-Time** / ☐ **Part-time**: (select one) **Hours per Week**: _____ **Supervisor**: _____

Schedule (days, start & end times): _____

Address / Location of worksite: _____

Desired Start Date & Other Notes / Comments. *If Special Funds, include end-date of grant: _____

For HR / Payroll Use
Location Code: _____ Pers. Status: _____ Check Loc. Code: _____ EEO Function: _____ Dept #: _____

Respectfully submitted,

_____
Appointing Authority Name Printed

_____
Signature Date

OPMG approval(s):

HR approval(s):