

City of Alameda
REQUEST for ELIGIBLE LIST

CLASSIFICATION TITLE:	CLASS #:
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THIS IS TO REQUEST A: NEW ELIGIBLE LIST COPY OF AN EXISTING ELIGIBLE LIST (COMPLETE A FORM FOR EACH VACANCY.)

IS THERE AN EXISTING LIST? YES NO IF REQUESTING A NEW LIST WHERE ONE CURRENTLY EXISTS, PLEASE EXPLAIN:

IF REQUESTING A NEW LIST, PLEASE CHECK THE APPROPRIATE BOX: CLOSED PROMOTIONAL OPEN COMPETITIVE

NAME OF EMPLOYEE BEING REPLACED:		TITLE:
DEPT. #:	DEPT. TITLE:	AUTHORIZED POSITION CLASS.:
		POSITION CONTROL #:

VACANCY CREATED BY: RETIREMENT RESIGNATION TRANSFER PROMOTION OTHER (PLEASE SPECIFY):

FOR NEW POSITIONS, PLEASE ATTACH DOCUMENTATION THAT PROVIDES AUTHORIZATION (I.E. COUNCIL RESOLUTION, AUTHORIZATION TO CHANGE POSITION CONTROL)

IS POSITION BEING UNDERFILLED? YES NO IF YES, PLEASE EXPLAIN:

REQUESTING SUPERVISOR	TITLE
APPROVALS:	DATE
DEPARTMENT HEAD	DATE
HUMAN RESOURCES DIRECTOR	DATE
CITY MANAGER	DATE

FOR HUMAN RESOURCES USE ONLY
(DISTRIBUTION: HUMAN RESOURCES, REQUESTING DEPARTMENT)

LOG DATE:

POSITION CONTROL VERIFIED BY: _____
(TECHNICIAN) (ANALYST)

CERTIFIED DATE: