



CITY OF NEW HAVEN
DEPARTMENT OF HUMAN RESOURCES
REQUEST TO APPOINT FORM

EMPLOYEE NUMBER

Req #

Applicant #

SECTION 1: APPOINTEE INFORMATION

Soc. Sec. # (last 4 digits) XXX - XX -

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: _____

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

<input type="checkbox"/>	F12 C	= Full Time 12 Month General Funds
<input type="checkbox"/>	F12 S	= Full Time 12 Month Special Funds
<input type="checkbox"/>	CONT	= Contractual Upgrade or Change
<input type="checkbox"/>	PFPR	= Probationary Fire Recruit
<input type="checkbox"/>	PPRO	= Probationary Police Recruit
<input type="checkbox"/>	PROM	= Promotional Appointment

<input type="checkbox"/>	19NC	= Part Time (Max 19 hrs/wk)
<input type="checkbox"/>	STUD	= Student Intern (Paid or Unpaid)
<input type="checkbox"/>	SEAS	= Seasonal (120 Day Max)
<input type="checkbox"/>	TMPT	= Temporary Pending Testing
<input type="checkbox"/>	OTHER	(describe)
<input type="checkbox"/>		

SECTION 3: POSITION / APPOINTMENT INFORMATION

Desired Start Date: _____

Department & Division: _____

Job Class Code: _____ Job Title: _____

Civil Service List #: _____ Union / BU Code: _____ Funding: General / Special / Capital (select one)

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

Range _____ / Step _____ = Annualized Salary: \$ _____ (OR hrly rate if PT)

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

Schedule (days, start & end times): _____

Address / location of worksite: _____

Notes / Comments:

For HR / Payroll Use

Location Code: _____ Pers. Status: _____ Check Loc. Code: _____ EEO Function: _____ Dept #: _____

(To be completed by Human Resources)

Approval Effective: _____

Effective Date Hired: _____

Offer Sent: _____ Accepted: _____

Completed:

Budget/Salary Review: _____ ME: _____

Background Check: _____ DS: _____

Policy Packet Sent: _____ O: _____

Respectfully submitted,

Department Head Date

Confirmed for Appointment:

Human Resources Date