



EMPLOYEE REQUISITION FORM (ERF)

For information and assistance call
Client Services Center Service Desk
(415) 502-8656

INSTRUCTIONS

Use this form when initiating recruitment for career and casual positions. The form is in Microsoft Word.

1. Do not type in the shaded areas.
2. When a "YES/NO" answer is requested, circle (or bold) the correct answer.
3. Complete each field.
4. Under "ESSENTIAL JOB FUNCTIONS" briefly describe the position, in 6 lines or less, as you would like it to appear on the website. **Avoid the statement, "See attached job description."**
5. Under "SKILLS, KNOWLEDGE AND ABILITIES" describe the **specific skills, knowledge and abilities** needed to perform the essential functions and include any **physical requirements** of the position. Please indicate those skills that are "Required" and those that are "Preferred."

Federal Law requires that we use specific job related skills, knowledge and abilities as the basis for recruitment and selection. All selection criteria and other qualifications must be job related.

6. Return the completed ERF along with the appropriate Job Description form, if necessary, to the Client Services Center, Human Resources, Box 1202 or email to your Client Services Representative.
7. Call your Client Services Center Staffing & Compensation Analyst/Client Services Representative for assistance with recruitment and/or compensation issues.
8. The Client Services Center will assign a Job Number and confirm processing of your ERF.

EMPLOYEE REQUISITION FORM

_____ **BR**
Job Number
(assigned by Human Resources)

NAME		SALARY			START DATE	
ER CODE	APPROVED TITLE	TITLE CODE	ANALYST INITIALS		DATE CLASSIFIED	
CLASSIFICATION REQUESTED	TITLE CODE	DEPARTMENT		DEPT # (6 DIGITS)	SALARY RANGE	
WORKING TITLE		CONTACT PERSON		TELEPHONE NUMBER		EMAIL ADDRESS
HIRING SUPERVISOR	SUPV PHONE #	EMPLOYEE WORK SCHEDULE		EMPLOYEE WORK LOCATION		NEW POSITION YES NO
REPLACEMENT FOR		REASON FOR LEAVING		SIGNIF. DUTY CHANGES YES NO		CRITICAL POSITION YES NO
PHYSICAL REQUIRED YES NO		CAREER POSITION YES NO		% TIME	ENDING DATE (IF ANY)	BULLETIN POSTING YES NO
SUPERVISORY POSITION YES NO		NUMBER/TITLE OF EMPLOYEES SUPERVISED		DEPT. AFFIRMATIVE ACTION GOALS		
ANY STATE GENERAL FUNDS SUBJECT TO THE HIRING FREEZE INVOLVED? YES NO		ACCOUNT/FUND NUMBER				

Note: for all new positions or where there are significant changes in duties/responsibilities, a formal position description must accompany this employee requisition form. Questions may be referred to the staffing/compensation analyst for your department.

ESSENTIAL JOB FUNCTIONS. Please provide a six line summary of the job description.



