

Job Posting Request

To be completed by the Fiscal Manager or designee.

Date of Request _____ Department _____

Position Title _____

Pay Range _____ Position # _____

Full-time Part-time Continuous

Posting Open Closed Both

Open = available to all employees and the public. Closed = available to CCPH employees only.

How many days we would like the position to be posted _____

Minimum and maximum salary for this position

Minimum _____ Maximum _____

Source of Funding _____

Reason for posting _____

Please have the following person approve the draft posting before it is posted on NEOgov.com (include phone number and e-mail address):

Hiring manager name and title: _____

Approved by Health Commissioner _____

Date _____

*****A copy of the approved position description must be included with this form.***