



Town of Brookline

Massachusetts

Authorization To Hire Request Form

1. Position **TITLE**: _____ Grade: _____

2. Department: _____ Division: _____

3. Position Control #: _____ Prior Incumbent: _____

a. Reason for Leaving: _____

4. Budgetary Information:

Department Code: ____ Budget Code: _____ % _____

Grant Funded-Name of Grant: _____ Revolving Fund Enterprise Fund

6. Employment Type:

Full-Time: # of hours/week: _____ Part-Time: # of hours/week: _____

Permanent Temporary: expected end date (required) ____/____/____

7. Method of Fill:

Promotion – To be Posted Internally from: ____/____/____ to ____/____/____

New Hire Transfer – Please explain: _____

8. List the top three essential functions of this position:

1. _____

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2. _____

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3. _____

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9. I have considered the following alternatives to filling this position:

10. The alternatives are less desirable than new hire action for the following reasons:-continued on reverse side-

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11. Suggested sources for specialized recruitment advertising: (other than local papers)

12. Please attach the current position description.

13. Signatures:

Department Head Signature: _____	Date: _____
Human Resources Director: _____	Date: _____
Town Administrator: _____	Date: _____

14. Approvals:

Date on BOS Agenda: _____	Date Approved: _____
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15. Notes:

