



TOWN OF WELLESLEY
HUMAN RESOURCES DEPARTMENT

PERSONNEL REQUISITION FORM

		Benefits Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Group	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Department/Division	Date Required	
<input type="checkbox"/> Addition <input type="checkbox"/> Replacement		If replacement, name of person to be replaced

Date Leaving	Reason for leaving
--------------	--------------------

Comments:

Department Approval	
Signature of Originator	Date
Department Head	Date
Board Chair Approval (if applicable)	Date

Human Resource Use Only		
Loa Control Number	Human Resources Liaison	
<input type="checkbox"/> Internal Hire <input type="checkbox"/> External Hire		
Filled By		
Start Date	Group/Step	Rate Per