



**REQUEST FOR APPROVAL OF UNDERFILL (STEP 1) AND
PROMOTION AFTER UNDERFILL (STEP 2) (RULE IV, SECTION 6)**

INSTRUCTIONS: For **STEP 1** (Request to Underfill) Complete STEP 1 section of form and **submit original to dercertification@milwaukee.gov** along with a **job description and updated resume**. Upon DER approval, form will be returned to you. For **STEP 2** (Request to promote after Approved Underfill requirements are met) complete STEP 2 section. Retain a copy for your records and return original to derpayservice@milwaukee.gov.

DEPARTMENT:		DIVISION:			DATE	
LAST NAME	FIRST NAME	INITIAL	RACE	GENDER	EMPLOYEE ID#	
AUTHORIZED TITLE	PAY RANGE	PREVIOUS INCUMBENT	F&P APPVL. DATE		REQUISITION #	
STEP 1: REQUEST TO UNDERFILL						
POSITION WILL BE UNDERFILLED AT THE FOLLOWING TITLE AND PAY RANGE:						
TITLE		PAY RANGE				
DESCRIBE THE SELECTION PROCESS USED FOR THIS RECRUITMENT, INCLUDING HOW MANY ELIGIBLES WERE INTERVIEWED AND WHO PARTICIPATED IN THE INTERVIEW PANEL:						
EMPLOYEE EDUCATION, TRAINING, EXPERIENCE AND TYPE OF EXPERIENCE SUPPORTING THE UNDERFILL:						
IF APPROVED BY DER, LIST BELOW THE ADDITIONAL REQUIREMENTS THAT MUST BE MET FOR PROMOTION TO THE FULL AUTHORIZED TITLE:						
EDUCATION:						
WORK EXPERIENCE:						
REPORTING OFFICER:	SIGNATURE	TITLE			DATE	
PROSPECTIVE EMPLOYEE:	SIGNATURE	TITLE			DATE	
APPROVING DER REPRESENTATIVE	SIGNATURE	TITLE			DATE	
IS THIS PERSON BEING CONSIDERED FOR APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO A DIRECT SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, EXPLAIN RELATIONSHIP						
OTHER PERSONS ELIGIBLE FOR THIS UNDERFILL: TOTAL NO. ELIGIBLE:				NO. OF WOMEN:		
NO. OF PERSONS OF THE FOLLOWING RACE OR ETHNICITY:						
American Indian or Alaska Native:		Asian:	Black or African American:		Hispanic or LatinX:	
Native Hawaiian or Pacific Islander:		White:				
STEP 2: REQUEST TO PROMOTE AFTER APPROVED UNDERFILL						
ADDITIONAL REQUIREMENTS MET BY EMPLOYEE FOR PROMOTION TO:						
AUTHORIZED TITLE:		PAY RANGE:		EFFECTIVE PP:		
EDUCATION:						
WORK EXPERIENCE:						
REPORTING DEPT. OFFICER	SIGNATURE	TITLE			DATE	
APPROVING DEPT. ADMINISTRATOR	SIGNATURE	TITLE			DATE	
STEP 2: FOR DER OFFICE USE ONLY						
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		PROMO EFFECTIVE DATE		RATE OF PAY		
APPROVING DER REPRESENTATIVE	SIGNATURE	TITLE			DATE	