

## REQUEST FOR PROMOTION WITHOUT COMPETITIVE EXAMINATION (RULE IV, SECTION 9)



**INSTRUCTIONS:** Complete the form and retain a copy for your records. Send the original + an updated resume and the most recent job description for the requested title to DER Certification, Room 706, City Hall. Upon DER approval, the appointing manager and the department's payroll section will receive a certification of eligibles notice, certifying the appointment. The promotion may be entered in HCM after receiving the certification.

DEPARTMENT/DIVISION:		DATE:	
LAST NAME:		FIRST NAME:	INITIAL:
EMPLOYEE ID#:		RACE:	GENDER:
PRESENT TITLE:		PAY RANGE:	
REQUESTED TITLE:		PAY RANGE:	EEO JOB GROUP:
PREVIOUS INCUMBENT:		F&P COMMITTEE APPROVAL DATE:	REQUISITION #:
DESCRIBE THE SELECTION PROCESS USED FOR THIS RECRUITMENT, INCLUDING HOW MANY ELIGIBLES WERE INTERVIEWED AND WHO PARTICIPATED IN THE INTERVIEW PANEL:			
EDUCATION & TRAINING SUPPORTING THE PROMOTION:			
DESCRIBE THE AMOUNT OF EXPERIENCE AND THE TYPE OF EXPERIENCE SUPPORTING THE PROMOTION:			
IS THE PERSON BEING CONSIDERED FOR APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO A DIRECT SUPERVISOR?      YES      NO			
IF YES, EXPLAIN RELATIONSHIP:			
<b>OTHER PERSONS ELIGIBLE FOR THIS UNDERFILL:</b> 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:		
REPORTING MANAGER	SIGNATURE		TITLE
APPROVING ADMINISTRATOR	SIGNATURE		TITLE
DEPT. REQUESTS THIS PROMOTION EFFECTIVE: (Promotions must be at the beginning of the pay period)		PP:	YEAR:
<b>FOR DER OFFICE USE ONLY</b>			
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>		DATE:
PROMOTION EFFECTIVE:	PP:	YEAR:	RATE OF PAY:
APPROVING DER REPRESENTATIVE	SIGNATURE		TITLE