

**CITY OF PROVIDENCE  
ENTRANCE INTO CITY SERVICES**

**TO: PERSONNEL DIRECTOR  
AND CITY CONTROLLER**

**DEPT.:  
DIV.:  
CODE:  
DATE:**

**REQUEST IS HEREBY MADE TO EMPLOY THE FOLLOWING NAMED PERSONS IN THIS DEPARTMENT**

DATE EFFECTIVE	NAME AND ADDRESS	POSITION TITLE	EXEMPT	STATUS	BASIS	COMPENSATION BASE PAY
	<b>SS#</b>	<b>Emp.#</b>				
	<b>D.O.B EEOC CODE : RACE/SEX:</b>					

**PREVIOUS CITY EMPLOYMENT**      YES      NO       **LAST DATE EMPLOYED:**  
**WHAT DEPARTMENT:**                     **PREVIOUS NAME:**

**\*STATUS:**      **F-FULL TIME**      **T - TEMPORARY**  
**P - PART TIME**      **R - ADD "R" TO ABOVE IF EMPLOYEE IS BEING RE-INSTATED.**

**I HEREBY CERTIFY THAT THE APPOINTMENTS REQUESTED ABOVE IS MADE IN ACCORDANCE WITH THE PROVISIONS OF THE OF THE ORDINANCES OF THE CITY OF PROVIDENCE WITH RESPECT TO POSITION CLASSIFICATIONS, RATES AND QUOTAS.**

**BY:** \_\_\_\_\_ **TITLE:**  
**APPROVED:**

\_\_\_\_\_  
**MAYOR**      **DATE**

\_\_\_\_\_  
**PERSONNEL DIRECTOR**      **DATE**

- 1 - PERSONNEL DIRECTOR  
2 - CONTROLLER'S DEPT. - RETIREMENT DIVISION  
3 - CONTROLLER'S DEPT. - TABULATING AND PAYROLL DIVISIONS COPY  
4 - DEPARTMENTAL COPY