



## Job Posting Recommendation

Please enter the following information and forward to Human Resources via email to [sarnold@bloomfield.org](mailto:sarnold@bloomfield.org) for certified staff or [ldove@bloomfield.org](mailto:ldove@bloomfield.org) for support staff. This will then be given to Kelly Bohl for her approval to post. Thank you.

### SECTION A

Job Title: \_\_\_\_\_ FTE: \_\_\_\_\_

Grade(s)/Subject(s) (if applicable): \_\_\_\_\_

Building(s)/Department: \_\_\_\_\_

12 Mo      11 Mo      10 Mo      Hours per day/Week: \_\_\_\_\_      Daily Shift: \_\_\_\_\_

New Position: No      If no, please skip to **Section C**      Replacing: \_\_\_\_\_  
Yes      If yes, please complete **Section B & C**      (Name of employee being replaced)

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### SECTION B

Employee Classification: \_\_\_\_\_

Bargaining Group or Unaffiliated Status: \_\_\_\_\_

Recommended annual salary or hourly rate: \_\_\_\_\_

If steps, please identify rate for steps:

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Step 1/Amount      Step 2/Amount      Step 3/Amount      Step 4/Amount      Step 5/Amount

Benefit eligibility, as determined by the above and hours worked: Yes      No

If this position has an unaffiliated status please indicate benefit eligibility below:

Benefit Eligibility:

Medical:      Yes      No      Single Only:      Yes      No  
Dental:      Yes      No      Vision:      Yes      No

Vacation days per year: \_\_\_\_\_      Leave days per month: \_\_\_\_\_

Total estimated cost of position with salary, benefits, retirement, taxes, etc: \_\_\_\_\_

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### SECTION C

Payroll Account Number(s) to be used:

Account Number: \_\_\_\_\_      %: \_\_\_\_\_ \*

Account Number: \_\_\_\_\_      %: \_\_\_\_\_ \*

\* If split the percentage must total 100%

Signature of budget owner: \_\_\_\_\_      Date: \_\_\_\_\_

Human Resources approval: \_\_\_\_\_      Date: \_\_\_\_\_

Kelly Bohl, Assistant Superintendent  
Human Resources and Labor Relations