# *City of Long Beach*
# UNBUDGETED POSITION REQUEST FORM
## REQUIRED FOR ALL UNBUDGETED POSITIONS AND OVER/CROSSFILL REQUESTS
*(ATTACH REQUISITION AND MEMO IF MORE SPACE REQUIRED)*

| | | | |
|---|---|---|---|
| **DEPARTMENT:** | | **BUREAU/DIVISION/PROGRAM:** | |
| **DATE:**<br>**REQ #:**<br>**POS #:** | **BUDGETED CLASS/GRADE (FOR OVER/CROSSFILLS):**<br>**REQUESTED CLASS/GRADE:** | **ANNUAL LOADED COST OF BUDGETED POSITION (FOR OVER / CROSSFILLS): $**<br>**ANNUAL COST OF REQUESTED POSITION: $**<br>**ANNUAL COST OVER/UNDER BUDGET: $** | |
| **CONTACT PERSON:** | | **PHONE #:** | |

**JUSTIFICATION/REASON FOR REQUEST (INCLUDE SPECIFIC RESULTS TO BE ACHIEVED):**

**HOW WILL ADDITIONAL COST BE FUNDED (CURRENT BUDGET YEAR AND FUTURE, INCLUDE FUND)?**

**WILL YOU REQUEST A PERMANENT CHANGE IN THE NEXT BUDGET CYCLE? IF NOT, WHY?**

**HOW WAS THIS POSITION FILLED IN THE PAST?**

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|---|---|---|---|
| DEPARTMENT HEAD SIGNATURE: | | DATE: | |

## BUDGET OFFICE

RECOMMENDATION:

| | | | |
|---|---|---|---|
| SIGNATURE: | | DATE: | |

## HUMAN RESOURCES

RECOMMENDATION:

| | | | |
|---|---|---|---|
| SIGNATURE: | | DATE: | |

## CITY MANAGER

☐ APPROVED
☐ DENIED

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|---|---|---|---|
| SIGNATURE: | | DATE: | |