

# City of Clarksville

## Position Justification Form

<b>Date:</b>	
<b>Department:</b>	
<b>Position Title:</b>	
<b>Position Control Number:</b>	
<b>Position Grade:</b>	

**At a minimum, please provide a justification for the following in the space provided below:**

1. Why are you requesting this position be filled?
2. What is the essential function of this position? Please attach a current job description.
3. How long has the position been vacant and how long is expected for the position to be vacant?
4. How has the function been/will be performed during the time the position has been/will be vacant?

Justification:

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

Approved \_\_\_\_\_ as of \_\_\_\_\_

Declined \_\_\_\_\_

\_\_\_\_\_  
Signature of Mayor

\_\_\_\_\_  
Date