

PERSONNEL REQUISITION

POSITION INFORMATION

Job Title/Rank _____ Department Name _____

Position Number _____ Home Dept. Code _____ Date/Semester new employee required _____

Type of appointment (√): (send job advertisement, recruitment plan and scoring criteria to Human Resources)

- New Position**
(If staff position send proposed job description to Human Resources for evaluation)
- Replacement for** _____

Category: Faculty Administrative Professional Technical Clerical Crafts/Trades Service

Faculty Regular

Job Status (√)

- Regular Tenure Track
 Regular Non-Tenure Track
 Regular Part-Time

____ Percentage of full-time

Job Status (√)

- Term
 Full-Time
 Part-Time

____ Percentage of full-time

Budgeted Salary _____ Position CIP Code _____ Discipline _____

Salary Range _____ Name of Term Employee _____

Note: Utilization Report must be attached to Personnel Requisition when submitted for approval.

Staff Regular

Job Status (√)

- Regular
 Term

Full/Part Time (√)

- Full-Time
 Part-Time

____ Hours per week (CTS or Crafts/Trades)

Budgeted Salary _____ Percentage of full-time (Admin. or Prof.) _____

Faculty-Temporary

Job Status (√)

- Temporary - - Blanket Request Yes No

Name of Temporary Employee _____

Academic Semester/Year _____

Staff Temporary

Job Status (√)

- Temporary (up to six mo.)*
 Temporary On-call*--
Blanket Temporary Request Yes No

Full/Part Time (√)

- Full-Time
 Part-Time

____ hours per week (CTS or Crafts/Trades)

____ Percentage of full-time (Admin./Prof.)

Name of Temporary Employee _____ Pay Rate _____

Start Date _____ Stop Date _____

*Students enrolled in 6 hours or more will not be considered for temporary employment and must apply for employment through Student Financial Services.

Comments:

BUDGET INFORMATION:

Index(s) to be charged _____ Percent Salary _____
Note that faculty, grants and _____
Auxiliary accounts will be _____
Responsible for charges related _____
to the search process.

CONTACT INFORMATION:

Contact person _____ Ext. No. _____ Fax No. _____
Department _____ Building _____ Mail Stop _____

APPROVAL SIGNATURES

Chair or Supervisor Date Budget or Grants Officer Date

Dean or Director Date President, Provost or Vice President Date

Human Resources Date

HUMAN RESOURCES USE ONLY

Category: _____ Filled by: _____ Date: _____

Background check required: Yes/No