

PERSONNEL REQUISITION FORM

NEW POSITION

This form must be complete and all signatures obtained before turning in to the Human Resources office.

Department: _____

Requested by: _____

Date of Request: _____

Dept. Chair/Director: _____

Job Title: _____

Date Needed: _____

- Exempt Non-exempt: _____ Hours per week.
- Full-time Part-time Temporary-How long? _____
- Reconfigured Part-time

Recommended Salary: _____

Recommended Grade: _____

Provide supporting documentation and rationale for this position. Address the following points in your request.

1. Was this position approved in budget development? Yes No
2. Is the job description attached for HR review? Yes No
3. If no, please identify funding source: _____
4. Is the position funded by grants? Yes No
If yes, please describe. _____

NOTE: No commitment may be made to any current or prospective employee, regardless of the funding sources, until all appropriate approvals are secured. All offers must be made by Human Resources.

RECOMMENDATION:

Department Head/Director: _____

Date: _____

CONCURRENCE:

Vice President: _____

Date: _____

Cabinet : _____

Date : _____

President: _____

Date: _____

APPROVAL:

Budget Officer: _____

Date: _____

Account number to be charged: _____

Director of Human Resources: _____

Date: _____

TO BE COMPLETED BY HUMAN RESOURCES:

Approximate Salary Recommendation: _____ Salary Range: _____
 Staff/non-exempt _____ Administrative/exempt _____
 Grade Level _____ Department Account No. _____