

PERSONNEL REQUISITION FORM
REPLACEMENTS

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

Replacing: _____ Incumbent's Term. Date: _____

Current Salary: _____ Recommended Salary: _____

Current Grade: _____ *Recommended Grade: _____

**If different, please enclose Position Questionnaire for the recommended upgrade.*

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

1. Is the existing job description accurate? If not, attach a revised job description.
2. Have any changes occurred in funding which initially supported this position?

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: _____

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. _____