



JOB REQUISITION FORM

Date Requisition Submitted: _____

Reason for Recruitment

<input type="checkbox"/> Replacement Position Name of Previous Employee: _____ Job Title: _____ Position Number: _____ Last Day Worked: _____	<input type="checkbox"/> New Position - Add to Staff Job Title: _____ Position Number: _____ Target Hire Date: _____
<input type="checkbox"/> Budgeted Rate <input type="checkbox"/> Budgeted Department <input type="checkbox"/> Remaining Budget in Current Fiscal Year (amount does not include fringe benefits)	
\$ _____ # _____ \$ _____	

Position Information

Department Name: _____	Dept. Number: _____	Dept. Location: _____
Manager Name: _____		Phone Extension: _____
Classification: (Check One)	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Temporary Duration: _____	<input type="checkbox"/> Other: _____
Full-Time Equivalency:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Adjunct	Hours/Week: _____
Target Salary Range: _____	Job Description Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Required Signatures for Approval

Manager: _____	Date: _____
Vice President: _____	Date: _____
Chief Financial Officer: _____	Date: _____
President: _____	Date: _____
Human Resources: _____	Date: _____

Human Resources Only

FLSA Status:	Action:	<input type="checkbox"/> Filled – Date of Hire: _____ Name of New Hire: _____
<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Closed – Not Filled	