PENNSTATE
The Milton S. Hershey Medical Center
The College of Medicine

POSITION REQUISITION FORM

Section 1: Posting Instructions		FOR HUMAN RESOURCES USE	
☐ Department Only Posting	☐ Internal Posting	Job Req #:	
☐ Internal/External Posting	☐ Do Not Post (PRN/Temporary)	Posting Dates:	
		Job Group:	
☐ 7 Day Post Only		PL/Dept:	
		HRIS:	Svc Rep:
		Recruiter:	

Section 2: Position Information	
Position Number:	Dept/Division Name:
Position Title:	Cost Center:
Job Code:	Location:
Job Family/Pay Grade:	Mail Code:
Market Reference Annual Salary:	Phone Ext:
Status:	Total Openings:
Pay Plan:	Total FTEs Requested:
Pay Frequency:	Hours per Pay:
Shift:	Bargaining Unit:
Shift Hours:	Reports to:
Work Schedule:	(Direct Supervisor's Position Number)
Preferred qualifications:	
Comments:	
Department Contact:	Extension:
Hiring Manager:	Extension:

Section 3: Requisition Type		
Person Replaced:	Employee Number:	Title:
Did that person: ☐ Terminate ☐ Transfer	Date:	Total FTE:

Approval Signatures (As Required)	FOR HUMAN RESOURCES USE ONLY	
	Employee Information (complete when job is filled)	
Department Manager Date	Name:	SSN:
	☐ Transfer ☐ New Hire ☐ Rehire	
Administrator Approval Date	Salary:	Alt Rate:
	Effective Date:	Neo Date:
Dean's Office Approval Date	Work Schedule: ☐ Yes	Background Check: ☐ Yes