

REQUISITION # _____

DATE _____

REVISED POSITION REQUISITION FORM

DEPARTMENT: _____

AREA: _____

POSITION TITLE _____

NEW POSITION? ☐ YES ☐ NO

NO. OF POSITIONS REQUESTED: _____

(IF NEW POSITION, ATTACH JUSTIFICATION STATEMENT)

FUNDING SOURCE? _____ BUDGETED AMOUNT _____

IF REPLACEMENT POSITION, NAME OF INDIVIDUAL BEING REPLACED: _____

EXIT DATE: _____

POSITION CATEGORY:

☐ FULL-TIME

☐ PART-TIME :

HOURS. PER WEEK: _____ TOTAL HOURS. _____

☐ FULL-TIME FACULTY

☐ HIGHER EDUCATION OFFICER

☐ COLLEGE ASSISTANT

☐ TEACHING ADJUNCT

☐ ADMINISTRATIVE ADJUNCT

☐ CLASSIFIED SERVICE

☐ OTHER (Please specify) _____

REQUESTED START DATE _____

END DATE _____

IS THERE A COLLEGE EMPLOYEE WHO SHOULD BE CONSIDERED FOR THIS POSITION? ☐ YES ☐ NO

(IF YES, ATTACH STATEMENT NAMING THE INDIVIDUAL AND HIS/HER QUALIFICATIONS.)

ATTACH JOB DESCRIPTION, JOB SPECIFICATIONS AND RECOMMENDED SALARY RANGE.

REQUIRED APPROVALS

Department/Unit Head (Date)

Budget Director/Comptroller (Date)

Dean/Vice President (Date)

Human Resources Director (Date)

Provost (If applicable) Date

President (Date)

For Human Resources Department Use Only

Date Received: _____

Position Filled by: _____ ☐ New Hire ☐ Transfer ☐ Promotion

Person selected to fill position: _____ Line No. _____

Date Offer Accepted _____ Start Date _____ Starting Salary _____ Entered into PAYSR _____

Comments: _____

SEE INSTRUCTIONS ON REVERSE SIDE.