



# Personnel Requisition Form

Detailed information on recruiting new employees is in Procedures [2100](#). Complete, print, sign and forward this form to the DIVISION OF HUMAN RESOURCES, RECRUITING SERVICES DEPARTMENT. For more information contact [recruitingsvc@mdc.edu](mailto:recruitingsvc@mdc.edu).

**\* New positions - Please complete a [Job Description Questionnaire](#) and submit to the Compensation department at [hrcompensation@mdc.edu](mailto:hrcompensation@mdc.edu) for review and approval, two weeks prior to posting.**

**TO BE COMPLETED BY DEPARTMENT:** Position Number: \_\_\_\_\_

Number of Vacancies: \_\_\_\_\_ Check One: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Job Family: \_\_\_\_\_ Title/Job Code/Grade: \_\_\_\_\_

Reports To:

(Position Number)		(First and Last Name)			
Operating Unit	Fund Code	ICS	Campus/Center	Dept. ID	Budget Ref

Status: \_\_\_\_\_ Give Dates if Temporary: From: \_\_\_\_\_ To: \_\_\_\_\_

Replacement for: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

(First and Last Name) (EMPL ID#)

Reason for Incumbent Leaving: [\[Insert Drop Down Menu\]](#) Date: \_\_\_\_\_ If Grant Funded Position/Give CPN #: \_\_\_\_\_

**HIRING COMMITTEE ACCESS:** Primary Hiring Manager: \_\_\_\_\_ (First and Last Name) (EMPL ID#)

Secondary Hiring Manager: \_\_\_\_\_ (First and Last Name) (EMPL ID#)  
(Chairperson)

Interviewers (Committee Members): \_\_\_\_\_ (First and Last Name) (EMPL ID#)

(First and Last Name) (EMPL ID#) (First and Last Name) (EMPL ID#)

(First and Last Name) (EMPL ID#) (First and Last Name) (EMPL ID#)

**POSTING REQUIREMENTS:** INTERNAL EXTERNAL

Additional requirement preferences (if applicable): \_\_\_\_\_

**APPROVALS:**

SIGNED: \_\_\_\_\_ PRINT: Budget Manager Name/Position #/EMPL ID \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED: \_\_\_\_\_ PRINT NAME: (Campus/District Head or Dean) \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HUMAN RESOURCES USE ONLY**

Pos #: _____	Fund Code: _____	ICS: _____	Job Code: _____
Pay Grade: _____	Upgrade _____ Downgrade _____	Position Title: _____	
HR Approval: _____		Date: _____	
<b>Employment Use:</b>	Date Posted: _____	Reposted: _____	Position ID #: _____
<b>Advertising Dates:</b>	Printed Media: _____	Websites: _____	Other Publication: _____

**FOR BUDGET USE ONLY**

Funding Source: \_\_\_\_\_ Fund: \_\_\_\_\_ Status: \_\_\_\_\_ Temporary \_\_\_\_\_ Regular \_\_\_\_\_  
Budget Approval: \_\_\_\_\_ Date: \_\_\_\_\_

