



STAFF REQUISITION FORM

<i>To be filled by Requesting Department Head:</i>			
REQUESTED BY		DATE	
POSITION REQUIRED		DATE REQUIRED	
SALARY RANGE		AGE RANGE (If Any)	
BRIEF DESCRIPTION OF MANY DUTIES			
QUALIFICATIONS REQUIRED			
EXPIREANCE REQUIRED			
SKILSS & OTHER QUALITIES REQUIRED			
STATUS OF EMPLOYMENT	PERMANENT ()* PART TIME ()* TEMPORARY ()* State period of Employment (If not permanent):		
REASONS FOR REQUIREMENT REPLACEMENT ()* Employment Replaced: _____ Salary : _____ Date Terminated : _____		NEW POSITION ()* (State brief explanation why required) Submit by: _____ Signature: _____	
BUDGET VERIFICATION	WITHIN BUDGET ()* EXCEEDS BUDGET ()* NO BUDGET ()*	REMARKS (If Any):	
<i>To be filled by Approving Authority</i>			
APPROVED BY	APPROVED ()* NOT APPROVED ()* REMARKS (If Any)	Name: _____ Date: _____	
<i>To be filled by Human Resource Department</i>			
REMARKS:			