



# Staff Position Requisition Form

## Instructions

Use this for approval to fill a vacant or create a new position. Please attach a current job description. By default, approved positions will be posted to the Macalester internal jobs site for 5 days. This form must be printed out and signed by the appropriate approvers.

Department \_\_\_\_\_ Date Needed \_\_\_\_\_  
 Position Title \_\_\_\_\_ Number of Openings

### Position Type

- ☐ Regular (no end date)  
☐ Temporary/Limited  
 Anticipated End Date \_\_\_\_\_

### Requisition Type

- ☐ New Position – Labor Budget Approved (TFOB)  
☐ New Position – Labor Budget Requested  
☐ Vacancy Replacement

### Employee Replaced

- ☐ On Leave ☐ Transferring  
☐ Terminating

### Suggested Fair Labor Standards Act Status

- ☐ Hourly (overtime non-exempt)  
☐ Salaried (overtime exempt)

### Safety and Security

Employee will have access to keys for residential dwellings ☐ Yes ☐ No

### Annualized FTE Calculation (please complete both)

Anticipated Months Per Year	Anticipated Hours Per Week
<input type="checkbox"/> Standard – 12 months	<input type="checkbox"/> Full Time – 38.75
<input type="checkbox"/> Academic – 9 months	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	

### Recruiting

Indicate Primary Recruiting Contact

- ☐ Department Head  
☐ Other (please specify) \_\_\_\_\_

What impact will there be on the department and the college if this position is not filled or the FTE reduced?

What are alternatives to filling the position (i.e. reallocation of duties, outsourcing, etc.)?

General Comments

### Target Compensation Ann. Salary or Hourly Rate

### Labor Budget Source (FOAPAL)

*Not required for existing positions*

Fund \_\_\_\_\_ Organization \_\_\_\_\_ \$ Cost \_\_\_\_\_

Fund \_\_\_\_\_ Organization \_\_\_\_\_ \$ Cost \_\_\_\_\_

Fund \_\_\_\_\_ Organization \_\_\_\_\_ \$ Cost \_\_\_\_\_

- ☐ Position uses grant based budget funding (PI must sign)

### Employment Services Use Only

Initials or Info

Labor Budget Reviewed \_\_\_\_\_  
 Calculated FTE \_\_\_\_\_  
 Position Title Reviewed \_\_\_\_\_  
 FLSA Status Reviewed \_\_\_\_\_  
 EEO Category Reviewed \_\_\_\_\_  
 Pay Grade Assigned \_\_\_\_\_  
 Authorized Hiring Range \_\_\_\_\_  
 Position Number \_\_\_\_\_  
 Recruiting Number \_\_\_\_\_

### Approvals

Department Head/Chair \_\_\_\_\_ Date \_\_\_\_\_

Principal Investigator (grants only) \_\_\_\_\_ Date \_\_\_\_\_

Direct Report or Division Head \_\_\_\_\_ Date \_\_\_\_\_

Line Officer \_\_\_\_\_ Date \_\_\_\_\_

Director of Employment Services \_\_\_\_\_ Date \_\_\_\_\_