

REQUISITION FOR STAFF EMPLOYEE

Is this position a Replacement New Temporary
Status Exempt Non-exempt

Is in the current Operating Budget
 Is not in the current Operating Budget

This form should be completed and circulated for approval by the Position Supervisor then forwarded to the Human Resources Office.

Date Initiated _____
Date Required _____
Filled by _____
(Name of new hire)

Position to be filled _____

Department _____

Department (s) number(s) to be charged to _____

Position is: Full time 10-month Part-time Temporary

If part- time, how many hours per week _____.

If temporary list beginning and ending dates from _____ to _____.

If this is a replacement position, please state the name of the staff member being replaced:

Anticipated salary required for the position: _____ \$ /year

If this is a new position, please state the reason for the additional staff member:

Summary of duties (please attach a detail job description) Job Description attached

Education experience and/or special qualifications required. Be specific as possible since this information is used for job position and/ or advertising.

Do not advertise this position Please advertise this position

Where would you like position advertised? _____

Approvals:

Position Supervisor:

Name

Title Date

Approval (highest level for Administrative Area)

Name

Title Date

VP Finance & Admin.

Name Date

President's Approval

Name Date