

POSITION REQUISITION FORM

FOR CREATING & FILLING CLASSIFIED POSITIONS



ACTION

<input type="checkbox"/> Create New Position	PRF No.	Position No. <i>(Blank if requesting new position)</i>	Date
<input type="checkbox"/> Fill Existing Vacant Position			
Department		Division	

POSITION INFORMATION *This information will appear in the posting EXACTLY as stated below!*

Barg Unit	Classification	Include Option Code <i>(if applicable)</i>	Account Number	New Funds Requested?				
			<input type="checkbox"/> General Fund <input type="checkbox"/> Non-General Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Working Title			Office Location	Mail Code Office Phone				
Proposed Start Date		Supervisor		Supervisor Phone				
Appointment		Condition		Travel				
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time % _____ <input type="checkbox"/> Intermittent		<input type="checkbox"/> Unlimited <input type="checkbox"/> Temporary <i>(Up to one year, enter dates)</i> From: _____ to _____ <input type="checkbox"/> Emergency <i>(45 days or less)</i> <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Unclassified <i>(HR Approval Required)</i>		Is travel required: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ % of time Is travel an essential job duty requiring a drivers license? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list type of license: _____				
Schedule <i>(This has payroll implications)</i>		M	T	W	Th	F	Sat	Sun
Calendar or Academic Year:		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
		Start End	Start End	Start End	Start End	Start End	Start End	Start End
Summer: _____ to _____ <i>(Only if different) Begin Date End Date</i>		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Position Description				Background Checks				
A current position description & Org Chart are attached: <input type="checkbox"/> Yes REQUIRED				Does this position have access to any Residential Halls? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Supervisory Status				Name of former incumbent <i>(if applicable)</i>				
Does this position supervise other employees? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes" list the name of each employee in the comments section below.								
Comments								

REVIEWED & APPROVED

NOTE: Ensure all information is complete before signing this document and routing for next signature.

1. _____ Date
Department Chair/Director/Supervisor
2. _____ Date
Dean *(if applicable)*
3. _____ Date
President or Vice President
4. _____ Date
Grant Budget Authority *(if applicable)*
5. _____ Date
Budget Authorization
6. _____ Date
Equal Opportunity & Title IX
7. _____ Date
Human Resources

HUMAN RESOURCES ONLY

SSN	Class Code	Opt Cd	Barg	Work Area
Empmnt Condition		Employee Status		Probation End Next Increase
Actual Start Date		Salary Rate/Step	Comp Code	Leave Auth Eval Date
OT Code	FLSA			
	<input type="checkbox"/> Exempt Prof <input type="checkbox"/> Exempt Comb <input type="checkbox"/> Nonexempt <input type="checkbox"/> Exempt Admin <input type="checkbox"/> Exempt Exec Test			
Action	Reason	Check Applicable	Eligibility Date	
		<input type="checkbox"/> Insurance Eligible <input type="checkbox"/> Summer Deposit		
Employer Contribution		Retrmnt Plan	Retrmnt Stat	Supplemental Plan
<input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> None				

NEW HIRE

Last	First	MI	Currently employed at another state agency:
			Agency Name: