

# POSITION REQUISITION FORM FOR CREATING & FILLING CLASSIFIED POSITIONS



### ACTION

<input type="checkbox"/> Create New Position	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>	Working Title	Account Number					
				<input type="checkbox"/> General Fund <input type="checkbox"/> Non-General Fund					
<b>APPOINTMENT</b>		<b>CONDITION</b>		<b>POSITION QUALIFICATIONS <i>(only units 204 &amp; 206)</i></b>					
<input type="checkbox"/> Full-Time		<input type="checkbox"/> Unlimited		<input type="checkbox"/> Customer Service					
<input type="checkbox"/> Part-Time % _____		<input type="checkbox"/> Temporary <i>(Up to one year)</i>		<input type="checkbox"/> Telephone Message Taking					
<input type="checkbox"/> Intermittent		<input type="checkbox"/> Emergency <i>(45 days or less)</i>		<input type="checkbox"/> Alpha Data Entry - Alphanumeric					
		<input type="checkbox"/> Seasonal		<input type="checkbox"/> Typing _____ WPM					
		<input type="checkbox"/> Temporary Unclassified <i>(HR Approval Required)</i>		<input type="checkbox"/> Alpha Data Entry - Numeric					
				<input type="checkbox"/> Desktop Publishing - PowerPoint					
				<input type="checkbox"/> Word Processing					
<b>Days of Work</b>		<b>Hours of Work <i>(From &amp; To)</i></b>		<input type="checkbox"/> Spreadsheets					
M	T	W	Th	F	Sat	Sun	FTE		<input type="checkbox"/> Math
Proposed Start Date			End Date <i>(if applicable)</i>			<b>TRAVEL</b>			
						Is travel required: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ % of time			
Office Location			Mail Code		Office Phone		Is travel an essential job duty requiring a drivers license? <input type="checkbox"/> No <input type="checkbox"/> Yes		
							If yes, list type of license: _____		
Supervisor			Supervisor Phone						
<b>Position Description</b>					<b>BACKGROUND CHECKS</b>				
A current position description & Org Chart are attached: <input type="checkbox"/> Yes <b>REQUIRED</b>					Does this position have access to any Residential Halls? <input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Supervisory Status</b>					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.									
<b>Comments</b>									

### 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  
Affirmative Action
7. \_\_\_\_\_ Date  
Human Resources

### HUMAN RESOURCES ONLY

SSN	Class Code	Opt	Carg	A
Empmnt Condition	Employee Status	Probation End	Next Increase	
Actual Start Date	Salary Rate/Step	Comp Code	Leave Auth	
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: