

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					
APPOINTMENT		CONDITION		POSITION QUALIFICATIONS <i>(only units 204 & 206)</i>					
<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"/> Alpha Data Entry - Numeric					
		<input type="checkbox"/> Temporary Unclassified <i>(HR Approval Required)</i>		<input type="checkbox"/> Typing _____ WPM					
				<input type="checkbox"/> Desktop Publishing - PowerPoint					
				<input type="checkbox"/> Word Processing					
				<input type="checkbox"/> Spreadsheets					
				<input type="checkbox"/> Math					
Days of Work		Hours of Work <i>(From & To)</i>		FTE					
M	T	W	Th	F	Sat	Sun			
Proposed Start Date				End Date <i>(if applicable)</i>		TRAVEL			
						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			
Supervisor				Supervisor Phone		If yes, list type of license: _____			

Position Description						Name of former incumbent <i>(if applicable)</i>			
A current position description & org chart are attached: <input type="checkbox"/> Yes REQUIRED									
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
Affirmative Action
7. _____ Date
Human Resources

HUMAN RESOURCES ONLY

SSN		Class Code		Barg No.	
Empmnt Condition		Employee Status		Probation End	
Actual Start Date		Salary Rate/Step		Comp Code	
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	
				<input type="checkbox"/> Insurance Eligible <input type="checkbox"/> Summer Deposit	
Employer Contribution		Retrmt Plan		Retrmt Status	
<input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> None					
Supplemental Plan					

NEW HIRE

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