



REQUISITION FOR NEW EMPLOYEE

Department/Division: _____

Date: _____

# of Vacancies	Position: Grade/Range	Position Title	Starting Salary Amount	Date you wish Position Filled (#'s only)
FUND	PROGRAM	BUDGET DISTRIBUTION: (if split between funds, state % and list all funds)		
Type of Position – Check ALL that Apply			Time Base	
<input type="checkbox"/> Administrative <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Faculty <input type="checkbox"/> Adjunct <input type="checkbox"/> Grant Funded/Special Project Name: _____ <input type="checkbox"/> Temporary (Anticipated Length of Employment _____) <input type="checkbox"/> Student with 6 or more credits per semester			<input type="checkbox"/> Confidential <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Classified <input type="checkbox"/> Full time (40 hours per week) <input type="checkbox"/> Part time: _____ hours per week <input type="checkbox"/> Months per year: _____ <input type="checkbox"/> Rotating shifts <input type="checkbox"/> Night Work <input type="checkbox"/> Weekend Work	

Existing Position Replacing Name: _____ Job Title: _____

POSITION CODE (Contact HR)

Date Position Vacant: _____

POSITION CODE (Created by HR)

New Position Authorized by: _____ Budget Year: _____

SELECTION COMMITTEE	
Selection Committee Chair:	Supervisor/Dean:
Faculty:	Classified: _____ :
Other:	Other:
(Senior Leadership Team member responsible for the position, or his/her designee, shall serve as Chair of Committee. The committee shall also include: the immediate supervisor responsible for the position; at least one member outside the department in which the vacancy exists, and a representative from each of the Faculty, Classified and Administrative groups.)	

- Position duties/responsibilities have remained essentially the same. Job description attached.
- Position duties/responsibilities have change. Draft job description attached.

Reason this position is required: _____

Reason this position is required by this date: _____

Position advertisement plan: _____

Recruitment Special Requirements: (Testing, Supplemental Questions, etc.) _____

Additional Comments: _____

Supervisor/Dean/Director Approval: _____ Date: _____ SLT Approval: _____ Date: _____

Budget Manager Approval: _____ Date: _____ President Approval: _____ Date: _____