



Personnel Request Form

The Evergreen State College

Position Description must be attached

Account Name	Account Org*	Today's Date
Title of Position		
Desired Start Date	Position #	
Location/Unit	Division	
Salary Range	Monthly \$ Amount from \$ to \$	
Funding Duration <input type="checkbox"/> Regular <input type="checkbox"/> Grant/Project <input type="checkbox"/> Limited-date funding ends		
Relocation Compensation per WAC 41.06.150 <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
Type of Position <input type="checkbox"/> New Exempt <input type="checkbox"/> Replacement Exempt Name of person replaced <input type="checkbox"/> New Classified <input type="checkbox"/> Replacement Classified Name of person replaced <input type="checkbox"/> Full time <input type="checkbox"/> Part time Monthly FTE <input type="checkbox"/> Temporary <input type="checkbox"/> Project <input type="checkbox"/> In Training <input type="checkbox"/> 12 months per year <input type="checkbox"/> Cyclic from to Days worked each week Daily work hours Days worked each week		

For Human Resource Services Use	
Class Code	<input type="checkbox"/> Overtime Eligible <input type="checkbox"/> Overtime Exempt
Job Group and under-represented affected groups	

Authorizing Information

*Human Resource Services is authorized to bill recruitment expenses (e.g. advertising costs, copying costs, postage, etc.) to the Account Org indicated on this form.

Signature of Appointing Authority	Printed Name of Appointing Authority	Date
Signature of Vice President/ Budget Officer	Printed Name of Vice President/ Budget Officer	Date

Classified Certification Approved by _____ Date _____
(HRS staff signature)

Upon completion of recruitment process, please return all copies of applications, interview notes and recruitment materials to Human Resource Services at the end of the search.

Please also include the "results" information for each applicant. Possible "results" include:

- Considered, but not interviewed
- Interviewed
- Declined interview
- No response to messages left via phone and/or e-mail on xx date

The Appointing Authority is to fill out this section

Name of Person Selected	First Day of Work	Salary Range/Step
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