



PERSONNEL REQUEST FORM

Note: Position description must also be submitted

Human Resource Services

Title of Position					
Division			Number of Positions to be filled		
Supervisor			Today's Date	Desired Start Date	
Position # (leave blank if unknown)			Account Org *		
Account Name			Location/Unit		
Salary	Range:	Step:	to	Monthly: \$	to \$
Funding	<input type="checkbox"/> Regular	<input type="checkbox"/> Grant	<input type="checkbox"/> Project	Date funding ends:	
Travel Reimbursement		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Relocation Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Position	<input type="checkbox"/> Classified	<input type="checkbox"/> New	<input type="checkbox"/> Full time	Monthly FTE:	
	<input type="checkbox"/> Exempt	<input type="checkbox"/> Existing	<input type="checkbox"/> Part time		
	Name of person replaced:				<input type="checkbox"/> In Training
	<input type="checkbox"/> 12 months per year	<input type="checkbox"/> Cyclic	Months off:		
Responsible Employee per the "Sexual Harassment and Sexual Misconduct" policy				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Daily work hours:			Days worked each week:		

Note: Missing or inaccurate information may delay the recruitment process. For assistance with this form, contact Human Resource Services at x5361.

For Human Resource Services Use	
<input type="checkbox"/> Overtime Eligible	<input type="checkbox"/> Overtime Exempt
Assigned HR Representative: _____	
Represented: <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Group: _____
Bargaining Unit: _____	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.

I certify that this position(s) is currently funded and may be filled:

_____ Signature (Appointing Authority)	_____ Print Name	_____ Date
_____ Signature (Vice President OR Budget Officer)	_____ Print Name	_____ Date