

HR use: Req #

EMPLOYEE REQUISITION

HR USE

JOB TITLE: _____ JOB CLASS CODE: _____

DEPARTMENT / DIVISION: _____

The following is a request for a list of eligible applicants to:

_____ Fill _____ vacant budgeted position(s). _____
#of vacancies Previously held by (employee name and number):

_____ Recruit for _____ anticipated vacancy _____
#of vacancies Anticipated date & reason for vacancy

FUNDING, SALARY, and UNION INFORMATION

FUNDING SOURCE Org/Object #: _____
Funding # REQUIRED _____ Position # REQUIRED _____

General Special* Capital UNION _____

BUDGETED RANGE: _____ / STEP: _____ \$ _____ Annualized, OR Hourly Rate: _____

Note: _____

JOB DESCRIPTION INFORMATION

Is there a current approved job description? YES (Attach current JD)
 NO (Attach draft of proposed JD)

I have reviewed the current job description and:
 _____ It accurately reflects the expectation of the roles and responsibilities of the job
 _____ The job description needs to be updated to reflect the needs of the role (Recommendations attached)

New job descriptions and any modifications will require Union and CSB approvals. Please forward these to HR first.

APPOINTMENT TYPE

FULL-TIME TEMPORARY PROMOTIONAL
 PART-TIME SEASONAL OTHER _____

ELIGIBILITY LIST

Is there an existing eligibility list? YES (list #:) _____ NO
 UNKNOWN

WORK & POSTING DETAIL

TESTED ("Classified" title) NOT TESTED ("Unclassified" title)

Physical Location of Work: _____
 Reports to: _____

Hours Per Week: _____ Days Worked: _____ Start Time: _____ End Time: _____

*If SPECIAL FUNDS, provide length of grant term and/or grant expiration: _____

Is this position eligible for *consideration* of the Teleworking/Remote Work Policy? YES NO

Applicants: INTERNAL & EXTERNAL INTERNAL ONLY INTERNAL CANDIDATES UNDER CONSID
Select only one: (Open to all) (Includes Promotional) (Open to all; current employees are being considered)

Posting period: 10 Business Days 10 + Days: _____ Fewer than 10 Days: _____

Notes, including special advertising instructions: _____

For HR Use: Location Code: _____ Group / BU Code: _____ Add'l: _____

FAILURE TO PROVIDE ALL THE INFORMATION REQUESTED WILL RESULT IN THE DELAY OF PROCESSING YOUR REQUEST

RETURN TO DEPARTMENT OF HUMAN RESOURCES

REQUESTED BY: _____ DATE _____
(Signature by Dept. Head or Appointing Authority)