

Of the Commonwealth System of Higher Education
EMPLOYMENT HRS REQUISITION

**TO BE COMPLETED FOR:
 FULL TIME/PART TIME
 REGULAR/TEMPORARY
 ADMINISTRATORS AND STAFF**

PLEASE DO NOT FILL IN ANY OF THE SHADED BOXES ON THIS FORM

REQUESTING DEPARTMENT/SECTION				POSITION TITLE				DATE PREPARED	
POSITION SUPERVISOR/CONTACT NAME				TELEPHONE # OF CONTACT / EMAIL ADDRESS			WORK LOCATION		
EXPECTED START DATE	NEW OR REPLACEMENT		PERSON BEING REPLACED		SSN		ACT 33? *	CHEM? **	
*WORK WITH CHILDREN UNDER THE AGE OF 18; "Y" IF ACT 33 REQUIREMENTS APPLY. "N" IF ACT 33 DOES NOT APPLY **THE EMPLOYEE MAY BE EXPOSED TO HAZARDOUS CHEMICALS; "Y" IF CHEMICAL RIGHT TO KNOW NOTIFICATION IS REQUIRED, "N" IF NOT REQUIRED									
POSITION DESCRIPTION – If additional space is needed, continue on the back of this form (fill in education, experience, special skills on back of requisition).									
				LENGTH OF ASSIGNMENT	SEARCH ONLY		PROPOSED ANNUAL SALARY		
TYPE OF POSITION: ADMINISTRATIVE TECHNICAL/PROFESSIONAL CLERICAL				SERVICE OTHER _____		SALARY RANGE: MINIMUM _____ MAXIMUM _____		REASON FOR VACANCY TERMINATION OTHER: TRANSFER PROMOTION	
EMPLOYEE ID (SSN)		ORG ID	EMPLOYEE'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)				ACTION EFFECTIVE DATE (MM/DD/CCYY)		
ACTIONS: 01 - NEW HIRE 14 - REHIRE	SUFFIX	PREFIX	BU	EMP STAT	EMPLOYMENT STAT DATE (MM/DD/CCYY)	EMPLOYMENT DATE (MM/DD/CCYY)	REG/TEMP R- REGULAR T- TEMPORARY		
FULL/PART F - FULL TIME P - PART TIME	PAY STATUS H - HOURLY S - SALARIED		SENIORITY DATE (MM/DD/CCYY)		ORIG HIRE DATE (MM/DD/CCYY)		STEWARDSHIP – ORG (LOCATION)		
REVIEW TYPE	NEXT REVIEW (MM/DD/CCYY)			EXPERIENCE DATE (MM/DD/CCYY)			POSITION CONTROL #		
JOB BEGIN DATE (MM/DD/CCYY)		JOB END DATE (MM/DD/CCYY)		JOB CLASS		CLASS ENTRY DT (MM/DD/CCYY)		PAY RATE (999999.999)	
PAY RT CODE	GRADE	STEP	%FULL TIME	PAID FOR	PAY CYCLE	STEWARDSHIP – ORG (JOB)	TIME RPT CD	SHIFT	HOURS From To
JOB SENIORITY DATE		JCAHO	JOB STATUS	ADJ JOB SENIORITY DATE (BU)		HOURLY RATE	DAYS/WK	HOURS/WK	

ACCOUNT DISTRIBUTION (ADDITIONAL SPACE AVAILABLE ON BACK OF FORM)

CORP	ACCOUNT (DEPT)	CENTER (JOB)	ERN TYP	RATE/AMT	PERCENT	START DT (MMDDCCYY)	STOP DT (MMDDCCYY)
TOTAL:				RATE/AMT			

APPROVALS

REQUESTING SUPERVISOR	DATE	R.P.D. (GRANT FUNDED)	DATE
DEPT. HEAD/CHAIR BUDGET APPROVAL	DATE	VICE PRESIDENT OR PROVOST/HOSP ADM.	DATE
BUDGET OFFICE/FINANCE	DATE	PRESIDENT/DEAN OR ASSISTANT DEAN	DATE
DATE RECEIVED BY HUMAN RESOURCES	COMP. APPROVAL/DATE	HR REPRESENTATIVE INTERVIEWER	POSTING NUMBER

ACCOUNT DISTRIBUTION (CONTINUED FROM FRONT OF FORM)

CORP	ACCOUNT (DEPT)	CENTER (JOB)	ERN TYP	RATE/AMT	PERCENT	START DT	STOP DT
CORP	ACCOUNT (DEPT)	CENTER (JOB)	ERN TYP	RATE/AMT	PERCENT	START DT	STOP DT
CORP	ACCOUNT (DEPT)	CENTER (JOB)	ERN TYP	RATE/AMT	PERCENT	START DT	STOP DT
CORP	ACCOUNT (DEPT)	CENTER (JOB)	ERN TYP	RATE/AMT	PERCENT	START DT	STOP DT
CORP	ACCOUNT (DEPT)	CENTER (JOB)	ERN TYP	RATE/AMT	PERCENT	START DT	STOP DT
CORP	ACCOUNT (DEPT)	CENTER (JOB)	ERN TYP	RATE/AMT	PERCENT	START DT	STOP DT
CORP	ACCOUNT (DEPT)	CENTER (JOB)	ERN TYP	RATE/AMT	PERCENT	START DT	STOP DT
CORP	ACCOUNT (DEPT)	CENTER (JOB)	ERN TYP	RATE/AMT	PERCENT	START DT	STOP DT
			TOTAL:	RATE/AMT			

QUALIFICATIONS
POSITION DESCRIPTION – CONTINUED. (IF ADDITIONAL SPACE IS REQUIRED FOR THE JOB DESCRIPTION, ATTACHED SHEET)
EDUCATION, EXPERIENCE AND SPECIAL SKILLS

NEW POSITION JUSTIFICATION

IDENTIFY BUDGET FUNDING NECESSARY TO FUND NEW POSITION	BUDGET TRANSFER			
INCREASED LAPSES	POSITION NUMBER	ACCOUNT	CENTER	AMOUNT
TRANSFER FROM ANOTHER POSITION				
PERMANENT TRANSFER FROM NON COMP				
INITIAL BUDGET DEVELOPMENT – Budget Transfer section not applicable				
NEW GRANT/EXTERNAL FUNDING – Budget Transfer section not applicable				
OTHER				
Describe: _____				
	TOTAL			

APPLICANT EMPLOYED	STARTING DATE	TOTAL RATE/AMT	HOURLY WEEKLY BIWEEKLY MONTHLY	NEW HIRE TRANSFER PROMOTION