



**EMPLOYEE REQUISITION FORM**

<b>(Complete For ALL Posting Requests)</b>		
Job Title:	Department Name:	(HR USE ONLY) Requisition #
Position Number:	Budget Fund #:	
Replacement Replacing: _____	New Position -Include Job Description <b>Requires HR Review</b> <b>if not previously classified</b>	Grade: _____ Salary: _____ (min-mid) Budgeted Salary: _____
Regular Full Time Regular Part Time Temporary Full Time Temporary Part Time Hours Anticipated:	On-Call Agency Temp Seasonal Length of Assignment:	Exempt / Salary Non-Exempt (eligible for overtime) Grant-Funded Exceptional Salary Anticipated Amount _____
Requesting Manager:	Date of Request: ____ / ____ / ____	Target Start Date: ____ / ____ / ____
<b>APPROVAL SIGNATURES AND DATES</b>	MANAGER: DATE:     /     /	DEPT HEAD: DATE:     /     /
CHAIRPERSON (IF APPLICABLE): DATE:     /     /	HR: DATE:     /     /	FINANCE: DATE:     /     /
Comments:		
HR Processor:		Date:     /     /
Verified by:		Date:     /     /

Supporting Documentation - Class Description, Interview Questions

Retain a copy for your records

Shaded areas are for HR use only