

REQUISITION FOR STAFF EMPLOYEE

Is this position a ☐ Replacement ☐ New ☐ Temporary
Status ☐ Exempt ☐ Non-exempt

☐ Is in the current Operating Budget

☐ Is not in the current Operating Budget

This form should be completed and circulated
for approval by the Position Supervisor then
forwarded to the Human Resources Office.



Date Initiated _____

Date Required _____

Filled by _____
(Name of new hire)

Position to be filled

Department

Department (s) number(s) to be charged to

Position is: ☐ Full time ☐ 10-month ☐ Part-time ☐ Temporary

If part- time, how many hours per week _____.

If temporary list beginning and ending dates from _____ to _____.

If this is a replacement position, please state the name of the staff member being replaced:

Anticipated salary required for the position: _____ \$ _____ /year

If this is a new position, please state the reason for the additional staff member:

Summary of duties (please attach a detail job description) Job Description attached

Education experience and/or special qualifications required. Be specific as possible since this
information is used for job position and/ or advertising.

☐ Do not advertise this position ☐ Please advertise this position

Where would you like position advertised? _____

Approvals:

Position Supervisor:

Name

Title

Date

Approval (highest level
for Administrative Area)

Name

Title

Date

Sr. VP Finance & Admin.

Name

Date

President's Approval

Name

Date