

Personnel Requisition Form

Date _____

Position Number _____ Annual Compensation Budget \$ _____

Department/Campus _____ Department Account Number _____

Job Title _____ Salary Grade _____ Compensation Region _____

Hiring Contact _____ Phone _____ Email _____

New Position (Requires budget approval for all positions and HR classification for non-faculty positions.)

Replacement Position (Requires budget approval.)

Person Replacing _____

Incumbent's Salary/Hourly Rate \$ _____

Position Reclassification

Full-time (≥ 30 hrs/wk) _____ hours per week

Part-time (< 30 hrs/wk) _____ hours per week

Exempt

Non-exempt

Attach a Position Rationale and current Job Description including qualification requirements

Office Use Only: Approved Hiring Range \$ _____ to \$ _____ Midpoint \$ _____

APPROVAL SIGNATURES

Supervisor Date

Senior Divisional Approver Date

Director/Department Head Date

Budget Date

Associate Vice President/Dean Date

Human Resources Date

HUMAN RESOURCES NOTES: