



# EMPLOYMENT REQUISITION

**Print and Route as follows:** Department ► Dean/ Director/ VP ► Budget Office ► Job Evaluation/Employee Relations ► Staffing Services

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

CLASSIFICATION/ RANK: \_\_\_\_\_ POSITION CONTROL NUMBER: \_\_\_\_\_

UNIT AFFILIATION:

NSGEU  CCS

DPMG  IUOE

Temp  Other (Please Specify)

STATUS:

Full Time

Part Time:  % or  per week

Term:

Duration

Temporary

How Long?

Budget Office to Forward authorization to Temporary Agency

Post Retirement

Other (Please specify)

**NEW**

Reason for Addition to Existing Staff Complement

RATE OF PAY	AMOUNT
<input type="checkbox"/> Annual	<input type="text"/>
<input type="checkbox"/> Monthly/ Hourly	<input type="text"/>

REPLACEMENT  RESTRUCTURED

Name of Previous Incumbent:

Date of Leaving Position:

**Reason Previous Incumbent Vacated Position:**

External Job  Relocation, e.g. spouse transferred

Internal Promotion/ Transfer  Retirement

Illness/ Long Term Disability  Return to School

Organizational Change/ Restructured  Dismissed

Laid Off  Quit/ No reason given

Other (Please specify)

REQUESTED BY:

NAME TITLE

APPROVED BY:

DEPARTMENT HEAD'S SIGNATURE DEAN'S/ DIRECTOR'S/VP'S SIGNATURE

BUDGET OFFICE USE ONLY: SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUDGET ACCOUNT NUMBER(S): 1. \_\_\_\_\_ %

2. \_\_\_\_\_ %

3. \_\_\_\_\_ %

JOB EVALUATION/EMPLOYEE RELATIONS AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_

Please retain a copy for your files.