

POSITION REQUISITION

For staffing changes or for additional staffing please complete this form and return to the HR Offices

Name of Requestor: _____ Date Requested: _____

Position/Assignment: _____ School/Department: _____

Rationale/Reason for Request: _____

New Position Adjustment Replacement Supplemental Support/Temporary

Filled By: _____

Employee Internal Employee New Hire Substitute External

FOR REPLACEMENT PERSONNEL:

Name of Person Being Replaced: _____ Date Leaving: _____

Reason for Leaving: _____

POSITION INFORMATION:

Start Date: _____ End Date: _____

Full Time Part Time 12 month 11 Month 10.5 Month Time Card/Hourly

of Hours / Day: _____ # of Hours / Week: _____ Daily Schedule: _____

Salary/Hourly Rate: _____ Benefit Eligible: Yes No Pay Schedule: 21 26 EDUStaff

****Authorized By:** _____ Department/Principal **Date:** _____

FUNDING:

Source of Funding: _____ Account # _____

Account # _____ Account # _____

AUTHORIZATION:

All staffing changes require authorization from the Human Resources Department.

Grant funded positions must also have the approval of the Grant Administrator and the Director of Financial Services.

****Authorized By:** _____ **Date:** _____

****Authorized By:** _____ **Date:** _____

****Authorized By:** _____ **Date:** _____

NOTES: