



Staff Personnel Requisition Form

The primary purpose of this document is to encourage effective workforce planning, open communication, and appropriate legal checks **PRIOR TO THE BEGINNING OF THE HIRING PROCESS.**

This form is used when a **REPLACEMENT** is needed for a current regular full-time or part-time staff opening, a **NEW** staff position is being established, or a **RESTRUCTURE** of a current position is required.

REMINDER: Only preliminary unofficial discussion should be held until this process is completed, signatures obtained, and form returned to University Human Resources. Provost's and/or President's approval is required for all personnel action.

STEP ONE: Workforce Planning. (Analysis is required as a first step of this process)

Attach a summary of the division review which has been conducted to explore the necessity of this position and why it is mission essential. Summarize the analysis which has been conducted of departmental workflow in order to meet this need by possibilities such as a temporary hire, a redistribution of workload within the department/division, outsourcing of the function, etc... Explain why filling this position is still necessary. The Provost and/or President reserve the right to make all final determinations as to the necessity of this position.

STEP TWO: General Position Information

Position Title: _____

Department/Division Name: _____

- This is a **replacement** person for a current staff member who is terminating employment.
Incumbent Name: _____ Final Date of Employment: _____
Note: An official notice of the termination, including final date, should be submitted to University Human Resources.
- This is to fill a **new position** within the department/division.
- This is a **restructured position** with the department/division. Details should be included as outlined in Step One.

Total Annual Hours proposed: _____ If this position works less than 2080 hrs per year, what is the projected work schedule (i.e., 40 hours per week for 39 weeks) for the position?

What is the projected start date by which you would like to have this position filled? _____

Name and title of direct supervisor:

Name: _____ Title: _____

STEP THREE: UHR Interaction - Posting and Recruitment Information

A new or revised job description must be completed PRIOR TO any official employment activity. The supervisor's signature and date, as well as UHR's approval signature and date, on the job description must reflect this. ADA guidelines and required format resources are available on the University Human Resources Website to assist in this important aspect of the hiring process.

Do you wish to have University Human Resources post an announcement regarding this open position?

Yes No

If no, please explain: _____

If yes, how do you wish to accomplish this?

Internal posting only (i.e., e-mail, Web Page)

External posting only (i.e., Church Mailing)

I would like to do both

STEP FOUR: Open Application Acceptance Period

Beginning Date: _____ End Date: _____

During this period, University Human Resources will solicit and accept applications related to your open position. No offer of employment should be made during this period.

STEP FIVE: Budget Information

Has University Human Resources approved the market range for salary?

Yes No Recommended Market Range \$ _____ (min) to \$ _____ (Max)

Has the Budget Director confirmed a budgeted amount exists or that one has been approved for the salary/benefits of this position?

Yes No

\$ _____ *Existing* budgeted wage/salary for this position

\$ _____ *Intended starting* wage/salary for this position

If the proposed amount exceeds the approved budgeted amount, what is your plan to cover the difference? _____

General Ledger plus Detail Number from which this salary is to be paid: _____ - _____

Dept. GL#

Detail #

THE SIGNATURES IN STEPS SIX THROUGH TWELVE MUST BE OBTAINED IN ORDER AS LISTED.

STEP SIX:

Department Head Signature: _____ Date: _____

STEP SEVEN: (For Academic Divisions Only)

Dean of School Signature: _____ Date: _____

STEP EIGHT: (Signature indicates a comprehensive division review/analysis, as outlined in STEP ONE, has been conducted and a summary is attached.)

VP Signature: _____ Date: _____

