



## Temporary 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 **TEMPORARY HIRE** is required.

**REMINDER:** Only preliminary unofficial discussion should be held until this process is completed, signatures obtained, and form returned to University Human Resources.

### **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 redistribution of workload within the department/division among permanent staff, outsourcing of the function, etc... Explain why filling this position with a temporary hire is still necessary.

### **STEP TWO: General Position Information**

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 Weekly Hours proposed. \_\_\_\_\_

Employment Period Start date: \_\_\_\_\_ End date: \_\_\_\_\_

(Note: A temporary hire may not exceed four months without reauthorization.)

Name and title of direct supervisor:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**STEP THREE: Budget Information**

Has the Budget Director confirmed a budgeted amount exists or that one has been approved for the salary?

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 FOUR THROUGH EIGHT MUST BE OBTAINED IN ORDER AS LISTED.**

**STEP FOUR:**

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP FIVE: (For Academic Divisions Only)**

Dean of School Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP SEVEN:**

Budget Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**STEP EIGHT:**

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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**UNIVERSITY HUMAN RESOURCES USE ONLY**

Position Code \_\_\_\_\_

Salary/Wage \_\_\_\_\_