



Personnel Requisition Form

PIN NUMBER _____

Official Job Title: _____		
Department: _____		
Starting Salary/Wages: _____	Date employee is needed: _____	
Full-Time: _____	Part-Time: _____	If part-time, hours per week: _____ weeks per year: _____
Permanent: _____	Temporary: _____	If temporary, termination date: _____
Is this a new position? _____ If so, attach a Job Description.		
This is a replacement for: _____ Last Day Worked: _____		
Unexpended Vacation Leave for incumbent: \$ _____		
Funding required to fill position for remainder of fiscal year: \$ _____ Account #: _____		
Have you considered employees in your department for promotion?: _____		
Work Location - Building: _____	Room #: _____	Ext. #: _____
Refer applicants to: _____	Bldg/Room #: _____	Ext. #: _____

EXPERIENCE	EDUCATION
Required: _____	Required: _____
Desired: _____	Desired: _____

SPECIAL SKILLS	OTHER QUALIFICATIONS
Required: _____	Required: _____
Desired: _____	Desired: _____

Remarks: (Unusual hours, etc.)

APPROVALS	
Requested by: _____	Date: _____
Cabinet Administrator _____	Date: _____
Presidential Action _____	Date: _____
Budget/CFO Approval _____	Date: _____

**Please submit to the Office of Human Resources after fully approved
in order to initiate payment**

Person employed: _____ Date of first day at work: _____