



NEW EMPLOYEE REQUISITION FORM

JOB TITLE: _____

START DATE: _____ DEPARTMENT: _____

CHECK ONE: ____ NEW POSITION or ____ REPLACEMENT

If replacement, name of former employee: _____

CHECK ONE: ____ FULL-TIME or ____ PART-TIME

CHECK ONE: ____ SALARIED or ____ STIPEND

CHECK ONE: ____ EXEMPT or ____ NON-EXEMPT

IS THIS A TEMPORARY POSITION? ____ YES or ____ NO

REPORTS TO: _____ SALARY RANGE: _____

ATTACH JOB DESCRIPTION AND PROVIDE POSTING SUMMARY STATEMENT HERE:

APPROVALS

DEPARTMENT MANAGER: _____ DATE: _____

VICE PRESIDENT: _____ DATE: _____

HUMAN RESOURCES: _____ DATE: _____

FOR HUMAN RESOURCES USE: _____

