

Personnel Requisition/Change Form

PR #: _____

Instructions:

*****Deliver this completed form along with a signed, updated job description or PDQ, Essential Functions form, and updated org chart to Human Resources for processing. Incomplete documentation will cause delay.*****

Department Name _____ Current Position Title _____ Requested Position Title _____ Position Number _____
(if different than current)*

*** If only request is a title change, skip to Section 3: Approval Signatures***

Section 1: Requested Action (select all that apply)

A	<input type="checkbox"/> Fill a vacant position	Employee Replaced: _____	Replaced Salary: _____
B	<input type="checkbox"/> Create new position	<input type="checkbox"/> Classified OR <input type="checkbox"/> Administrative, Professional-Technical	<input type="checkbox"/> Fulltime OR <input type="checkbox"/> Part time/FTE%: _____
C	<input type="checkbox"/> Direct appointment to a vacant or new position	Name: _____	President approval: _____
D	<input type="checkbox"/> Hire Temporary (non PERA retirees only)	From: _____ To: _____	<input type="checkbox"/> Hourly** OR <input type="checkbox"/> Salary**
<p>**Hourly temps complete an electronic timesheet and are paid bi-weekly (hours vary and position is overtime eligible). Salary temps are paid the same amount monthly, based on a set schedule and cannot be overtime eligible.</p>			
<p>Requested pay (needed if items A,B,C or D selected)* _____</p> <p>*Employer paid fees (i.e. PERA, benefits, etc.) will be in addition to this amount.</p>			
Supervisor information (needed if A,B,C or D selected)		Name: _____	Position #: _____
E	<input type="checkbox"/> Reclassify an existing position	Requested classification: _____	
F	<input type="checkbox"/> Change FTE of an existing position	From: _____ FTE% To: _____ FTE%	
G	<input type="checkbox"/> Change base pay of an existing position	From current pay: _____ to requested pay: _____	
H	<input type="checkbox"/> Other _____		
<p>Requested effective date (required for all requested actions)* _____</p> <p>*No appointment will be made retro-active of approvals and required processing. Current background check required for all changes.</p>			

Section 2: Justification for Request and Funding Description (needed if items B, D, E, F, G or H selected)

Org Code Number and Name (Background checks and advertisements will be charged to this code)		% of Funding	FOAP Number
Is this a grant funded position? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, % grant funded: _____	Grant end date: _____
Does grant allow payout of annual leave? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 3: Approval Signatures (as needed)

		For Human Resources Purposes Only
Person Making Request	Date	New hire:
		New hire S#:
		Supervisor:
VP for Requesting Area	Date	Supervisor position #:
		Effective date:
Human Resources	Date	Salary:
		Employee class:
Budget	Date	Supervision: Yes No
		Banner entry complete
Executive Staff*	Date	

*Executive Staff approval not needed if option A is only selection.