

Personnel Requisition Form

Date of Request:_____

Open positions are not automatically approved and must be reviewed before the position can be posted. This form will assist the hiring manager in explaining why it is necessary to fill the position. Please secure the hiring manager and department head signatures and forward the completed form to Human Resources for consideration at the next Personnel Meeting.

Date New Hire Needed:_____

Suggested Wage:		Department:			
		Job Description Updated		: Yes No	No
Number of hours to be worked per weel	k:			_ (<mark>Full-Time</mark>	e) or (Part-Time)
Is this position allocated in the current b	budget?	Yes	No		
If "no", are there funds available to cove	er the position?				<u> </u>
Is this a new position or replacement position?		New	Replacement		
If "replacement", replacement for whom	1?				
Please provide a brief narrative as to wh	hy it is critical to fil	ll this position.			
Approvals:					
1) Hiring Manager		 Date	- D	ecision:	
				Appro	ved
2)		 Date	- -		
		Date	-	Not Ap	oproved
B) Human Resources Date Appr		ved by Personnel	- _	On Hol	d
muman nesources	Date Appl of	ved by reisonner			
4)Human Resources	Data Approx	ved by Council	_		
numan kesources	Date Approv	veu by Council			