Personnel Requisition Form

Position ID_____
(Completed by HR)

☐ New Position ☐ Replacement Position	☐ Adjunct Faculty ☐ Non-Compensated Faculty	☐ Restricted Funding ☐ Unrestricted Funding	☐Full Time ☐Part Time ☐Visa (Type_____) ☐Faculty Full Time Equivalent Position
Requestor/Hiring Manager		Begin/End Date	
Unit/College/School/ Department/Program		Title/Proposed Faculty Rank and Series	
Budgeted/Funded	☐Yes ☐No	Supervisor/PI	
IBS (Exempt)/ Hourly Rate (Non-Exempt)		Annualized Amount/ Adjunct Amount/Units	

FUNDING INFORMATION (Add additional accounts in Justification)

Account Name	Account #	Effort %	Requested Dates		Annualized Amount $
			Start:	End:	
Account Name	Account #	Effort %	Requested Dates		Annualized Amount $
			Start:	End:	
Account Name	Account #	Effort %	Requested Dates		Annualized Amount $
			Start:	End:	
Account Name	Account #	Effort %	Requested Dates		Annualized Amount $
			Start:	End:	
Account Name	Account #	Effort %	Requested Dates		Annualized Amount $
			Start:	End:	

Justification/Rationale/Business Case/Checklist

- Any regulatory requirements (be specific):
- Budget/Additional Accounts:
- Advertising Budget:
- Visa involved:
- If Replacement, employee being replaced and their IBS/Hourly Rate:
- Relocation budget:

FOR ADDITIONAL SPACE, USE LAST PAGE: (JUSTIFICATION DETAIL)

CHECKLIST ITEMS INCLUDED: ☐ *Job Description*   ☐ *Copy of Budget*   ☐ *HR Consulted for Position IBS/Hourly Rate Range*   ☐ *Search Committee Needed*

*For Adjunct candidates/Non-Compensated Faculty, skip to candidate approval section	**Approval**	**Date**
Requestor/Hiring Manager		
Supervisor/PI		
Department Chair/ Program Director		
Dean		
Director of Human Resources		
Provost		
President (Unrestricted Positions)		

Candidate Information (To be completed *ONLY* after position has been approved on this form above, posted and interviews have been conducted, with exception of Adjunct candidates and Non-Compensated Faculty)

Candidate Name		☐ CV/Resume Included
IBS/Hourly Rate if different from original position request		
	Approval	**Date**
Requestor/Hiring Manager		
Supervisor/PI		
Department Chair/ Program Director		
Dean		
Director of Human Resources		
Provost		
President (Unrestricted Positions)		

Candidate Selection Checklist   **YES/NO**

	YES	NO
Was the position posted?	☐	☐
Was the position advertised?	☐	☐
Did the person you selected fill out an online application?	☐	☐
Is this considered a "hard to fill position" OR Opportunistic hire? If yes, explain:	☐	☐
To your knowledge, are you or is anyone you supervise, related to, married to, or otherwise personally close to the person you are interested in hiring?	☐	☐
How many applications were received for this position?		
How many candidates were invited to interview and of those how many interviews were conducted?		
Please detail any diversity outreach activities that you engaged in for this position:		
Supervisor Signature/Date		

Request for IBS, Hourly Rate and Pay Increase (For Current Employees not New Hire Requests)

EMPLOYEE AND POSITION INFORMATION

Unit/College/School	Department/Program	☐ Exempt	☐ Non-Exempt (Hourly)
Employee Name	Employee ID # (Completed by HR)	Job Title	Job Code (Completed by HR)

Current IBS (Exempt)	Proposed IBS (Exempt)	% Increase	FTE %	Hourly Rate (Non-Exempt)
				Old: New:

Supervisors Name	Supervisors Job Title	Supervisors E-Mail	Phone/Ext. #

REASON FOR REQUEST

☐ Equity	☐ Promotion	☐ Reclassification/ Change in Duties	☐ Administrative 'Y' or 'Z' Factor	☐ Retention/ Competitive Salary Offer	☐ Status Change to Compensated ☐ Status Change to Benefits Eligible ☐ Other (List in Justification)

JUSTIFICATION *(For additional space, use last page: Justification Detail)*

FUNDING INFORMATION *(Add additional accounts in Justification Detail section if needed)*

Account Name	Account #	Effort %	Requested Dates		Annualized Amount $
			Start:	End:	
Account Name	Account #	Effort %	Requested Dates		Annualized Amount $
			Start:	End:	
Account Name	Account #	Effort %	Requested Dates		Annualized Amount $
			Start:	End:	
Account Name	Account #	Effort %	Requested Dates		Annualized Amount $
			Start:	End:	

	Approval	Date
Requestor/Hiring Manager		
Supervisor		
Department Chair/ Program Director		
Dean		
Director of Human Resources		
Provost		
President		

JUSTIFICATION DETAIL *(USE ONLY IF NEEDED)*