MEMORANDUM

DATE: (Date)

TO: Roberta Cordano

FROM: (Name, Department)

RE: STAFF REQUISITION/POSITION APPROVAL

1. What position(s) are you requesting?

1. Purpose of role and function:

1. Rationale:

Is this part of a process redesign:  YES NO

 If not, what is rationale for filling, instead of designing/redesigning?

1. How does this affect your total FTE in your department? How will your department adjust to the hiring of this position relative to your total FTE allocation?

|  |
| --- |
| **Staff****HRS OFFICE USE ONLY#****Requisition Form** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Title** |  | **Today’s Date** |  |  |
| **Department** |  | **Account #** |  | **Division** |  |
| **Interview Committee Chair** |  | **Email address** |  |

**TYPE OF POSITION APPOINTMENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular Full-Time** |  | **Extended Temporary Full-Time** |  | **If Part-Time, hours per week** | **9 months** |  | **11 months** |  |
| **Regular Part-Time** |  | **Extended Temporary Part-Time** |  |  | **10 months** |  | **12 months** |  |

**SALARY POSITION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Exempt Level** |  | **Salary Range** |  | **New Position** |  |  |
| **Non-Exempt Level** |  | **Salary Range** |  | **Replacement** |  | **Name** |  |

**FUNDING**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Federal Funding** |  | **Account Number** |  | **Grant Funding** |  | **Account Number** |  |
| **Income Supported** |  | **Account Number** |  | **Source of Revenue** |  |

**PROMOTION FROM WITHIN**

|  |  |  |  |
| --- | --- | --- | --- |
| **Internal—No advertising** |  | **Name**  |  |

**APPROVED**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit Administrator** | **Date** | **Senior Administrator** | **Date** | **Administrative Officer** | **Date** | **President** | **Date** |