



#P _____

PERSONNEL REQUISITION

BUSINESS OFFICE USE ONLY
GL# _____
APPROPRIATION # _____

MONTH _____ DAY _____ YEAR _____

DEPARTMENT NUMBER _____

SOURCE OF FUNDS _____

EMPLOYEE _____ DATE OF BIRTH _____

STREET AND NUMBER _____ CITY _____ STATE _____ ZIP _____ PHONE _____

MAILING ADDRESS _____ PREVIOUS STATE EMPLOYEE (YES NO) _____

EMAIL ADDRESS _____

CURRENT STUDENT (YES NO) if yes: #CREDITS/SEMESTER _____ OTHER STATE AGENCY _____

POSITION/TITLE _____ Dept./Area of Assignment _____

Period of Employment _____ Salary \$ _____ Hr. Wk. Yr. Semester (select one)

Unit Non-Unit Full-time Half-time Part -Time Temp. Shift (select one): Day Evening

Work Schedule: M _____ Tu _____ W _____ Th _____ F _____

State 03 Contractor Grant Trust Fund

ADDITIONAL INFORMATION:

TO BE COMPLETED BY HUMAN RESOURCES:

<input type="checkbox"/> Benefits	EMP. I.D.# _____	Fiscal yr. cost	<input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/> Tuition Remission	Record _____		
<input type="checkbox"/> Personal Time: _____ hrs./days/year (based on _____ total hrs. _____)	Position _____		
<input type="checkbox"/> Retirement Option: ____ State: ()9% ()Add'l 2% () Other _____	Job Code _____		
<input type="checkbox"/> Medicare ___Alternate ___N/A (select one)	Grade/Step _____		
	State Student Age		

CERTIFICATION

We have complied with all affirmative action procedures as well as all other applicable policies of the Department of Higher Education.

Supervisor _____	Date _____
Appropriate VP _____	Date _____
Bus. Office Designee (for grants) _____	Date _____
Director of Human Resources _____	Date _____