

### STAFF REQUISITION FORM

Title of position to be filled:	School/Department:	Date requested:																
Required start date:	Required end date:	Possibility of extension: <input type="checkbox"/> Yes <input type="checkbox"/> No																
Reason for request: (leave, resignation, extra staff)	Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No	If replacement, replacing whom?																
Teacher:        _____ FTE <input type="checkbox"/> Continuing <input type="checkbox"/> Temporary	Support: _____ Hrs./Week <input type="checkbox"/> Temporary <input type="checkbox"/> Regular <input type="checkbox"/> Term <input type="checkbox"/> Full Time	Exempt: _____ Hrs./Week  OR _____ FTE <input type="checkbox"/> Term <input type="checkbox"/> Regular <input type="checkbox"/> Temporary																
General nature of duties:		For hourly positions, describe work schedule: Days of the week: _____ Start and end times: _____ No. of hours/day: _____																
Budget allocation:																		
FTE/Hrs.	G/L account																	
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Manager approval:		Secretary Treasurer approval:																
_____	_____	_____																
Signature	Date	Signature																
		Date																
		Posting No.:																

Send original to Human Resources