

Job Requisition Form

Applicant Information

Requisition Number: _____ Date: _____

Applicant Name: _____
Last First M.I.

Job Title: _____

- | | | | |
|--------------------------------------|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Full Time | <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Replacement | <input type="checkbox"/> New Position | <input type="checkbox"/> Hourly | <input type="checkbox"/> Exempt |

Proposed Starting Salary: _____ Start Date: _____

Supervisor: _____ Department: _____

Description of Duties:

Additional Comments:

Supervisor Signature

Date

Approval to Hire

Approved Salary: _____ Approved Classification: _____

Department Manager Signature

Date

Confirmation of Offer

Offer Extended By: _____

Status of Offer: Accepted Declined

If accepted, confirmation sent to Human Resources for processing:

