



STAFF REQUISITION FORM

Before any recruiting or hiring, re-hire occurs written approval to hire must be obtained from the CEO, the Chairman, Managing Director of HR and Department Head. **This approval is required for ANY permanent or temporary position.** No one will be hired without this approved form.

Special staffing/recruitment request:

Requesting Manager: _____

Date of Request: _____

Position Requested: _____

Date Needed: _____

Immediate Supervisor: _____

Supervisor Title: _____

Working from: HOME ☐ OFFICE ☐ COMBO HOME/OFFICE ☐ # days in _____ # days home _____

☐ Office or ☐ Cubicle Next to/previous employee _____

Reason for Recruitment

(New or updated job descriptions must be attached for all positions.)

___ Addition to Personal

___ Budgeted new position

___ Not Budgeted New Position

___ Replacement position

Name of person being replaced _____

Have the duties of this position changed? ___ Yes ___ No

(If yes, provide details in position information section.)

Position information/justification

(Indicate what changes were made to the job description or provide justification for new position.)

Classification: ☐ Regular ☐ Temporary ☐ Consultant: Length of Assignment: _____

☐ Full Time ☐ Part Time **FLSA Category:** ☐ Exempt ☐ Non-exempt

Work Hours From: _____ a.m. to _____ p.m.

Compensation Range: HR TO SUPPLY

Hourly: Min \$ _____ Mid \$ _____ Max \$ _____ Salary: Min \$ _____ Mid \$ _____ Max \$ _____

Proposed Salary/Wage: \$ _____ ☐ Hour ☐ Annual

Bonus: ☐ Yes ☐ No

Bonus program: _____

Commission: ☐ Yes ☐ No

Commission program: _____

Required Approval: HR to complete

Department Head Approval _____ Date _____

CEO Approval _____ Date _____

President Approval _____ Date _____

HR Approval _____ Date _____

Please return to Human Resources once completed. HR to send for signatures