



AKSID CORPORATION LIMITED

EMPLOYEE REQUISITION FORM

- Please specify your requirements in details for appropriate recruitment
- To Be Filled Out By the Unit/Department Head

Date:

Status Please Tick (✓) ☐ Replacement ☐ New Hiring

If replacement, name & designation of the last employee:

Date of resignation:

Unit		
Department		
Reporting Supervisor (Full Name & Designation)		
Job Location		
Designation		
Educational Qualification(s)		
Age Range	From: <input type="text"/>	To: <input type="text"/>
Salary Range	From: <input type="text"/>	To: <input type="text"/>
Number of Vacancies (In words)		
Key Accountabilities of the role (Please Use Bullet Points and additional pages if necessary)		
Requirement of Skills		
Experience Required (Years)		
Expected Joining Date		

** Please attach Department Structure and detailed Job Description*

Requested by:

HR Approval:

Approved by:

Department Head

Manager, HR

Managing Director

Chairman