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| Koniambo New Logo 19KB | PROJET KONIAMBO |  |

Document No. 319000-00000-FM-GPSU-0003

Rev. 02

*Procedure – Recruitment Procedure*

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| **PERSONNEL REQUISITION FORM (PRF)**  **DETAILED EXECUTION PHASE - KONIAMBO PROJECT** | | | | | | | | |
| **SECTION A – PROJECT POSITION DETAILS** | | | | | | | | |
| Position Title: | | | Position Number: | | | | | |
| Department:  Work Location: | | | Direct Supervisor: | | | | | |
| Status of Vacancy:  New Hire  Replacement  If replacement, please indicate name of employee to be replaced:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Full time  Hours per week \_\_\_\_\_\_\_\_  Part time  Hours per week \_\_\_\_\_\_\_\_ | | | | | |
| Expected Start Date: | | | Expected End Date: | | | | | |
| Hiring Type:  Local  Expat  ACE | | | Job Description Attached:  Yes  No | | | | | |
| **SECTION B – APPROVAL – *Please sign and date*** | | | | | | | | |
|  | **Name** | | | **Signature** | | | **Date** | |
| Direct Supervisor: |  | | |  | | |  | |
| Level 1 Manager: |  | | |  | | |  | |
| **FURTHER APPROVALS REQUIRED FOR EXCEPTIONS TO STAFFING PLAN** | | | | | | | | |
| 1. Position Included in Staffing Plan: Yes  (proceed to next question) No  (Justification to be attached to this PRF and to be approved by Home Office Manager (KL), Construction Director (Site) OR Modularisation Manager (Module Yards))  2. Extension of position length in Staffing Plan: Yes  (Justification to be attached to this PRF and to be approved by Home Office Manager (KL), Construction Director (Site) OR Modularisation Manager (Module Yards)) No  (proceed to submission to Finance)  **NOTE: Level 1 Manager must be involved if justification is required** | | | | | | | | |
|  | | **Name** | | | | **Signature** | | **Date** |
| Office Manager (KL), Construction Director (Site) or Modularisation Manager (Mod Yards) | |  | | | |  | |  |
| **HR APPROVAL** | | | | | | | | |
| Position Included in current revision of Staffing Plan: Yes  No  Revision and Date of Current Staffing Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Description Attached: Yes  No | | | | | | | | |
|  | **Name** | | | **Signature** | | | **Date** | |
| HR Manager: |  | | |  | | |  | |
| **HR USE** | | | | | | | | |
| Date Job Description Sent to Translation (NC): | | | | | Date Job Description Lodged at Cap Emploi (NC): | | | |