

Job Requisition Form

Manager and Department Information: Internal only requests require information marked with an *. External requires all fields completed

*Hiring Manager(s) /Applicant Recipient Name(s) _____

*Department Name and Cost Center #:_____

Job Information: Multiple open positions of the *same job title* can be documented in the **Multiple Open Positions Worksheet**.

*Open Position Job Title _____

*Posting Reason (Replacement, New Position, Intern) New Position or NEW Intern require ED/SLT signature_____

If **Replacement**, list employee vacating role and date of separation _____

How urgently is replacement needed? What time frame do you plan as a goal to have this position hired

1-3 days 4-7 days 1-2 weeks 3-4 weeks 5+ weeks Other _____

*How many positions are needed? (1-10+, or Ongoing need) _____

*Benefit Classification?

FT 30+ hours/week Regular PT 24-29h/w No Benefit PT up to 24h/w PRN Seasonal/Temporary

*Shift information for open position Days: _____ Hours: _____

Are any additional responsibilities required or likely for the position? (Select all that apply)

All Nights Weekends Overtime On Call Holidays Other_____

Is the job working remotely? (No, Yes, Partial/Hybrid or Temporarily) _____

*Job Recruitment: (Internal Only or External) _____

*Budgeted Position: (Budgeted or Non-Budgeted) Non-Budgeted will require ED/SLT signature._____

Additional advertising requested? (No, Yes) Yes will require ED/SLT signature _____

If **yes**, list advertising requested: _____

*Employee Referral Bonus eligible? (No or Yes) Yes will require ED/SLT signature. _____

*New Hire Pay Range \$ _____ to \$ _____per Hour Annually Other _____

Multiple Open Positions Worksheet						
	# of Open Jobs (1-10+, O.N.)	Benefit Class. (FT, RPT, NBPT, PRN S/Temp)	Shift Days and Times	Additional Responsibilities (All, Nights, Weekends, Overtime, On Call, Holidays, Other)	Employee Referral Bonus eligible? (N/Y)	Remote (N/ Y/ PH /Temp)
1.						
2.						
3.						

***Acknowledgements & Approvals:** Signatures required for those completing JRF and according to information provided.

Department Representative: _____ Date:_____

Hiring Manager Signature: _____ Date:_____

Department Director Signature: _____ Date:_____

Executive Director Signature: _____ Date:_____

Talent Acquisition Received: _____ Date:_____