



Benefits Eligible:  Yes  No

Job Title \_\_\_\_\_ Group \_\_\_\_\_

Full-time  Part-time

Department/Division \_\_\_\_\_ Date Required \_\_\_\_\_

Addition  Replacement

\_\_\_\_\_ If replacement, name of person to be replaced

Date Leaving \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Comments:

<b>Department Approval</b>	
Signature of Originator _____	Date _____
Department Head _____	Date _____
Board Chair Approval (if applicable) _____	Date _____

<b>Human Resource Use Only</b>	
Loc Control Number _____	Human Resources Liaison _____
<input type="checkbox"/> Internal Hire <input type="checkbox"/> External Hire	
Filled By _____	
Start Date _____	Group/Step _____ Rate Per _____

Date

Cc:  File  Employee  Department Head  Finance