UNIVERSITY OF ST. THOMAS

JOB REQUISITION FORM

Date Requisition Submitted: _____

Reason for Recruitment

☐ **Replacement Position**
Name of Previous Employee:
_____
Job Title:
_____
Position Number: _____ Last Day Worked: _____

☐ **New Position - Add to Staff**
Job Title:
_____
Position Number: _____ Target Hire Date: _____

☐ **Budgeted Rate** $ _____

☐ **Budgeted Department** # _____

☐ **Remaining Budget in Current Fiscal Year** $ _____
(amount does not include fringe benefits)

Position Information

Department Name: | Dept. Number: | Dept. Location:

Manager Name: | Phone Extension:

Classification: (Check One) ☐ Faculty ☐ Staff ☐ Temporary Duration: _____ ☐ Other: _____

Full-Time Equivalency: ☐ Full Time ☐ Part Time ☐ Adjunct | Hours/Week: _____

Target Salary Range: _____ | Job Description Attached: ☐ Yes ☐ No

Required Signatures for Approval

Manager: _____ Date:_____

Vice President: _____ Date:_____

President: _____ Date:_____

Human Resources: _____ Date:_____

Human Resources Only

FLSA Status:
☐ Exempt
☐ Non-Exempt

Action:
☐ Closed – Not Filled

☐ Filled – Date of Hire: _____
Name of New Hire:
_____