

EMPLOYMENT REQUISITION

Department _____ Contact Person _____

Phone _____ Fax _____ E-mail _____

New Authorized Position Replacement for _____

POSITION APPROVALS:

Department Head/Manager _____ Date _____

Dean/Director _____ Date _____

Vice President _____ Date _____

(Fill Out Appropriate Side)

REGULAR

Faculty Full-time
 Exempt Part-time
 Non-Exempt

POSITION TYPE

12 Month
 10 Month _____ Weeks
 9 Month _____ Weeks
 Fixed Term

Hours/Week _____

Position Title _____

Shift/Hours (AFSCME/POA only) _____

Pay Grade/Level _____

Proposed Salary or Hourly Rate _____

Account/Index Number _____

TEMPORARY

Faculty Full-time
 Exempt Part-time
 Non-Exempt

Summary of Duties:

Hours/Week _____

Position Title _____

Date Employment Begins _____

Date Employment Ends _____

Proposed Salary or Hourly Rate _____

Account/Index Number _____

(For Human Resources)

Position Number _____

Tracking Number _____

Name _____

MTU ID# _____

Employee Class _____ FTE _____

Leave Category _____

Benefit Category _____

Pay Rate _____

On-Payroll Date _____

Off-Payroll Date _____

Soft \$ Funded

Home Organization _____

Time Sheet Org _____

Account/Index _____

Position Class _____

Send Probation? Yes ___ No ___

Supervisor _____

Date Offer Made _____

Date Offer Accepted _____

Signature _____

New Hire
 Current Employee
 Former Employee
 Current Student Employee
 Former Student Employee

AFSCME UAW
 POA OUT

Benefit Orientation? Yes No