Print Form

ORU

No. _____

EMPLOYEE REQUISITION

COMPANY NAME	PAYROLL CODE	JOB TITLE

DEPARTMENT/ORGANIZATION NAME	ORGANIZATION NO.	NO. OF EMPLOYEES	☐ REPLACEMENT FOR: ☐ SALARY OF EXITING EMPLOYEE: ☐ ADDITIONAL POSITION:

☐ FULL TIME/REGULAR ☐ PART TIME/REGULAR IF PART TIME, NO. OF FTE's: _____

☐ FULL TIME/SEASONAL/TASK ☐ PART TIME/SEASONAL/TASK IF SEASONAL, LENGTH OF EMPLOYMENT: _____

SHIFT

☐ 1st ☐ 2nd ☐ 3rd ☐ ROTATING ☐ ECB

LUNCH PERIOD

☐ 1 HOUR ☐ 1/2 HOUR ☐ NO LUNCH

SHIFT DIFFERENTIAL RATE OF PAY

ON-CALL PAY

☐ YES ☐ NO

PAY GRADE	**PAY RANGE:** (Call Human Resources for pay range.)	MINIMUM	MIDPOINT	MAXIMUM	☐ HOURLY ☐ NON-EXEMPT ☐ SALARIED ☐ EXEMPT

REMARKS:

SIGNATURES/APPROVALS:

(1) _____ Supervisor _____ Date

(2) _____ Department Manager/Chair _____ Date

(3) _____ Dean/Director _____ Date

(4) _____ Vice Pres./Provost _____ Date

(5) _____ Human Resources _____ Date

(6) _____ Budget _____ Date

(7) _____ Chief Financial Officer _____ Date

TO BE COMPLETED BY HUMAN RESOURCES

PERSON HIRED

☐ NEW HIRE ☐ REHIRE ☐ TRANSFER

STARTING DATE	BENEFIT DATE	SIGN IN Date Time

STARTING RATE OF PAY ☐ PPP ☐ Hour	Z NUMBER

RACE	SEX	DISABILITIES	VETERAN	BIRTH DATE
		☐ Yes ☐ No	☐ Yes ☐ No	

MARITAL STATUS ☐ M ☐ S	SOCIAL SECURITY NUMBER

Human Resources Representative Signature _____ Date _____