

# ST. THOMAS UNIVERSITY FACULTY/STAFF POSITION REQUISITION FORM

## NATURE OF VACANCY

Replacement (**ATTACH JOB DESCRIPTION**)      Employee Being Replaced: \_\_\_\_\_  
 Reason:    Termination     Transfer     On Leave

New Position (**ATTACH JOB DESCRIPTION**)      Budgeted:    Yes     No

Temporary Help (Staffing Agency)

## POSITION INFORMATION

Position Title: _____ Dept/College: _____ Supervisor: _____	Effective Date: _____ GL Account #: _____
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<input type="checkbox"/> Faculty <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> Administrator <input type="checkbox"/> Staff	<input type="checkbox"/> Exempt (Salaried) <input type="checkbox"/> Non-Exempt (Hourly)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary from _____ to _____	Shift: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> Schedule: _____ to _____
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## REPLACEMENT POSITION SALARY

Incumbent Salary: _____	Relocation Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No   Amount: _____
Proposed Salary: _____	Range: Min _____ Max _____      Salary Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried

## NEW POSITION SALARY

Relocation Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No   Amount: _____	
Proposed Salary: _____	Range: Min _____ Max _____      Salary Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried

## GRANTS (IF APPLICABLE)

Grant Name: _____	Period of Grant: _____
Funding Source: _____	Amount: \$ _____ / _____ yrs

## APPROVALS

_____ Hiring Manager, Printed Name      Date	_____ Dept Head, Printed Name      Date
_____ Hiring Manager, Signature      Date	_____ Dept Head, Signature      Date
_____ Human Resources, Printed Name      Date	_____ Linda Wagner, CFO      Date
_____ Human Resources, Signature      Date	_____ David Armstrong, President      Date