

# Classified Personnel Request



## Department of Human Resources Development and Labor Relations (HR)

- This form is used to initiate action to hire a classified staff member or to request a change in the status of a current classified employee.
- To initiate action, complete all sections and obtain signatures of Department Head, Dean and Vice President/Provost. Forward signed form to HR, AC 113. Questions? Call X3636.
- When HR receives this form, the contact person listed will be notified of procedures in processing the request.

Department Name \_\_\_\_\_ Account Code \_\_\_\_\_ HR/Payroll Account Code \_\_\_\_\_

New Position Position# (if any) \_\_\_\_\_ President's Signature (if applicable) \_\_\_\_\_

Replacement \_\_\_\_\_ Position# (if any) \_\_\_\_\_  
Name and Classification of Person Replaced \_\_\_\_\_

Continuation \_\_\_\_\_ Position# (if any) \_\_\_\_\_  
Name and Classification of Temporary Staff Member \_\_\_\_\_

Transfer \_\_\_\_\_ Position# (if any) \_\_\_\_\_  
Name and Classification of Person To Be Transferred \_\_\_\_\_

Transfer From: \_\_\_\_\_  
Department Name HR/Payroll Account Code Hourly Rate

Transfer To: \_\_\_\_\_  
Department Name HR/Payroll Account Code Hourly Rate

Basic Function of Position: \_\_\_\_\_

Other \_\_\_\_\_  
Please Explain

<b>CHECK ONE:</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Temporary: Position Expires: _____ Grant Expire: _____	<input type="checkbox"/> Funds Available: Budget Approval: _____
	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time Hours per week _____	
<b>CHECK As Needed:</b>	<input type="checkbox"/> Interim	<input type="checkbox"/> Seasonal (Sept-June) <input type="checkbox"/> Intermittent Schedule: _____	Shift <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> N/A-Rotating

Immediate Supervisor \_\_\_\_\_  
Name and Title Department Phone

Contact Person for this Position \_\_\_\_\_  
Name and Title Department Phone

Requested and Authorized by:		Department of Human Resources Development and Labor Relations					
Signature of Department Head	Date	Classification (Job Code & Title)				Bargaining Unit <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Dean	Date	Pay Range	Step	Base Rate	+	Longevity	= Hourly Rate
Signature of Provost/VP	Date	\$		\$		\$	\$
Requested Effective Date		Signature _____ Date _____					
		Comments					