

PERSONNEL REQUISITION FORM

(Please print in ink or type. Incomplete forms will be returned to Department.)

JOB TITLE: _____

LOCATION: _____

Department/Place (Nixon/Wadsworth)

SUPERVISOR(s): _____

Name/Title

POSITION Class Code: _____ Grade: _____

Funding Acct. #: _____ @ _____ %

Funding Acct. #: _____ @ _____ %

EMPLOYMENT STATUS:

- Regular
- Temporary: NTE _____ Days
- Seasonal: _____
- Full-Time (40 hrs/wk)
- Part-time, # hrs/wk: _____

SALARY:

- Non-Exempt \$ _____ - _____ Hour (Step 1-3)
- Exempt \$ _____ - _____ Annum

POSTING TIME:

- Standard (Min. 10 working days)
- Management (30 days)
- Open Until Filled
- Other: _____ days

REPLACEMENT: Yes No If yes, person replaced: _____

ADDITION: Yes No If yes, state reason: _____

Signature

Title

Date

ADMINISTRATIVE USE ONLY

Executive Officer Authorization: _____

Contract & Grants Administrator Authorization: _____

Tribal Comptroller Authorization: _____

Tribal Chairman Authorization: _____

Comments/Concerns: _____

HUMAN RESOURCES USE ONLY

Date Posted: _____

Closing Date: _____

Initials: _____