

JOB REQUISITION FORM

**This form must be completed, approved and submitted to Human Resources with a copy of the job description.*

 NEW LINE VACANT POSITION

 FACULTY ADMINISTRATOR STAFF 153 282 550 1102
INFORMATION ABOUT POSITION

POSITION # _____ TITLE _____ GRADE _____

UNIT/SCHOOL _____ DEPARTMENT _____

 FULL-TIME PART-TIME # OF HOURS/WEEK _____

WORK SCHEDULE _____

PROPOSED SALARY _____

BUDGET TO BE CHARGED

FUND _____ ORG _____ ACCT _____

If additional funding is required from another source, please indicate below:

FUND _____ ORG _____ ACCT _____

INFORMATION ABOUT INCUMBENT

(If applicable)

NAME _____

HOFSTRA ID _____ CURRENT SALARY _____

BUILDING & ROOM # _____ CAMPUS PHONE # _____

 REASON FOR LEAVING: Promotion Transfer Resignation Retirement Termination
POSITION SUPERVISOR/MANAGER

NAME _____ TITLE _____

BUILDING & ROOM # _____ CAMPUS PHONE # _____

REQUIRED APPROVALS

DIRECTOR/DEAN SIGNATURE _____ DATE _____

FINANCE BUDGET DIRECTOR SIGNATURE _____ DATE _____

ASSOC. PROVOST FOR BUDGET & PLANNING SIGNATURE _____ DATE _____

PROVOST/VP SIGNATURE _____ DATE _____

PRESIDENT'S SIGNATURE (If applicable) _____ DATE _____