

## 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 \_\_\_\_\_