

DRURY UNIVERSITY
STAFF EMPLOYMENT REQUISITION FORM

(For use in **all** staff hiring situations except personnel replacements *having no change in hours and cost* in fully budgeted positions.)

Section 1 – Department and Position Information

(To be completed by hiring department and submitted to Budget Administrator.)

Type of Position: New Position Replacement Position (Person being replaced: _____)
 Current Position Upgrade Temporary Position

Status: Regular Full-time Regular Part-time Temp Full-time Temp Part-time

Position Title: _____ Dept: _____

Budgeted? Yes No # of Months budgeted? _____

If Part-time – # of hours per week: _____

If Temp – Length of Time Position Needed (**not to exceed 1 year**): _____

Proposed pay rate: _____ G/L account to be charged: _____

Please attach a copy of the **job description** and a concise **explanation** why this position is necessary to the department and why the position or upgrade was not included in the department's approved budget for the current fiscal year:

Position Requested By: _____

Date: _____

Section 2 – Budget Administrator and Cabinet Member Approval

(To be completed by Budget Administrator and submitted to Director of Business Services.)

Approved: _____
Budget Administrator / Date Cabinet Member / Date

Section 3 – Verification of Budget Information Contained in Section 2

(To be completed by the Director of Business Services and submitted to Human Resources.)

Adequate funding *for salary and benefits* was approved in the current fiscal year budget, or adequate funds have been moved to the appropriate accounts to cover the salary and benefits for this position.

Amount: _____ G/L account to be charged: _____

Verified By: _____ Date: _____
Director of Business Services

Section 4 – Human Resources Approval

Job Description Approved: Yes No Approved Pay Rate: _____

Approved: _____ Date: _____
Director of Human Resources

Section 5 – Approval of President – Required ONLY for NEW positions that are not anticipated in the Board-approved annual operating budget. (After signature, return form to Human Resources.)

Approved: _____ Date: _____
President