

DRURY UNIVERSITY -- REQUISITION FOR ALL NEW AND REPLACEMENT STAFF POSITIONS

Section 1 – Department and Position Information (to be completed by requesting party)

Position Title: _____ **Department:** _____

_____ **Replacement Position**

_____ **New Position**

Exiting Employee Name: _____

Exiting Employee Termination Date: _____

Exiting Employee Salary: _____

Status:

_____ Full-time

_____ Part-time

Hours Per Week: _____

_____ Temporary

_____ Full-time or _____ Part-time

Duration (< 1 year): _____

Worker Category: _____ Staff _____ Faculty

Appointment Length: _____ 9 months _____ 10 months _____ 12 months

FLSA Status: _____ Exempt (Salaried) _____ Non-Exempt (Hourly)

Proposed Pay Rate / Salary: _____ **G/L Account to be Charged:** _____

Earliest Proposed Start Date: _____

Supporting documentation required: 1) A copy of the **job description**, 2) an **explanation** of why this position is necessary, and 3) a current **org chart** of your department with this position marked.

Requesting Party Printed Name: _____ **Requesting Party Signature:** _____

Budget Administrator Printed Name: _____ **Budget Administrator Signature:** _____

Vice President Printed Name: _____ **Vice President Signature:** _____

Date: _____

After Section 1 is completed, signed form and supporting documents should be submitted to CFO's Office..

Section 2 – Verification of Budget Information

Please confirm that 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.

Exiting Employee's Current Salary: _____ **G/L account to be Charged:** _____

Burden Amount: _____ **Total Salary Plus Burden:** _____

CFO: _____ **Date:** _____

After Section 2 is completed, signed form and supporting documents should be submitted to Director of HR.

Section 3 – Human Resources Approval

Job Description Approved: _____ Yes _____ No **Approved Pay Rate / Salary:** _____

Director of HR: _____ **Date:** _____