

<b>Employment/Personnel Requisition</b>			
Reference Number 16.00 Forms	Board Approval 10/2006	Effective Date 11/01/2015	Page 1 of 1

Hiring a candidate is not automatically approved and must be reviewed by the administration before the candidate can be hired. This form is used when requesting to hire a candidate. The hiring manager/director must (1) complete this form (2) attach the resume, Tusculum College application, Fair Credit Reporting Act (FCRA) disclosure, an updated job description, and all documentation of candidate interview and review process (3) obtain the necessary signatures (4) return the completed form, and all other required documentation to the Human Resources Office.

Date of Request: \_\_\_\_\_ Candidate Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Proposed Salary: \_\_\_\_\_  
(If hourly, enter hourly rate)

Proposed Start Date: \_\_\_\_\_ Ending Date (If applicable): \_\_\_\_\_

Department Name: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Funding Source/Acct. Number: \_\_\_\_\_ Position Id: \_\_\_\_\_

**Employment Type:**

- |                                  |                                    |   |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Staff   | <input type="checkbox"/> Full-time | <input type="checkbox"/> Other, Please describe |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Part-time | _____   |
|                                  | <input type="checkbox"/> Temporary | _____   |

Number of months to be worked per year: \_\_\_12 \_\_\_11 \_\_\_10 \_\_\_09 \_\_\_Other: \_\_\_\_\_

Number of hours to be worked per week: \_\_\_40 \_\_\_30 \_\_\_20 \_\_\_<19 \_\_\_Other: \_\_\_\_\_

**Additional Compensation**

\_\_\_ Housing in Residence Hall \_\_\_ with \_\_\_ without duties Amount: \$ \_\_\_\_\_

\_\_\_ Meals in Dining Hall Amount: \$ \_\_\_\_\_

\_\_\_ Moving Allowance with appropriate receipts Amount: \$ \_\_\_\_\_

\_\_\_ Stipend (Please explain) \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_ Other (Please explain) \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Maximum Compensation Total Amount: \$ \_\_\_\_\_

Is amount over original request or budget \_\_\_ Yes \_\_\_ No

If yes, explain reason for overage \_\_\_\_\_

**Approvals:**

VP/Cabinet Member: \_\_\_\_\_ Date: \_\_\_\_\_

VP/CFO: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_ Approved \_\_\_ Denied \_\_\_ Hold

President: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_