TUSCULUM UNIVERSITY

Print Name

HUMAN RESOURCE POLICY

Employment Hiring Requisition			
Reference Number	Board Approval	Effective Date	Page
16.00 Forms	10/2006	08/21/2024	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 committee** chair must (1) complete this form (2) attach the resume, TU application, ESS authorization form, an updated job description, org chart, and all documentation of candidate interview and review process (3) return the completed form, and all other required documentation to the Human Resources Office. Date of Request: _____ Candidate Name: _____Position Title:_____ Current Salary/ Hourly Rate: ______Proposed Salary/ Hourly Rate__ (If hourly, enter hourly rate) Proposed Start Date: _____ Ending Date (If applicable): _____ Department Name: _____ Immediate Supervisor: _____ Funding Source/Acct. Number: ______ Position ID: _____ **Employment Type:** ■ Staff ☐ Full-time ☐ Temporary ☐ Faculty ☐ Part-time ☐ Other ___12 ___11 ___10 ___09 ___0ther: ______ Number of months to be worked per year: Number of hours to be worked per week: ___40 ___30 ___20 ___<19 ___0ther: _____ Justification for Search: Is this position a replacement? ☐ Yes ☐ No If yes, briefly explain the reason for the vacancy, (i.e. who is being replaced, current salary/hourly rate & their title), and why this position ought to be retained. Include any changes you plan for this position, if applicable.___ Current Salary/Hourly Rate: \$ Salary Range Requested: \$___ Is this a new position, meaning it is not included in your current budget? ☐ Yes ☐ No If yes, please attach justification. Originator: _ Print Name Signature Date **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: \$ Amount: \$ Other (Please explain) _____ Maximum Compensation Total Amount: \$_____ Is amount over original request or budget ____ Yes ___ No If yes, explain reason for overage _____ Originator: _

Signature

Date

Approvals: VP/Cabinet Member: Date: **Note: VP sign on reverse side for advertising budget commitment Chief HR Officer: Date: Controller: **Controller approving funding source/account number VP/CFO: Date: President: Approved Date: Hold President: Date: Letter produced by HR: Date:

Original to Human Resources Department

Revised 08/21/2024