REQUEST FOR FILLING A CIVIL SERVICE POSITION

Instructions: Please complete information below and send to System Office of Human Resources.

<u>REQUEST.</u> Please check appropriate box in sections (a), (b) <u>and</u> (c)							
(a)	New Position	(b) Initiate recruitment only	(c) Appointment Type:				
	Existing Position	Classification review pending recruitment	Permanent				
			Perm. <u>but</u> filling temporarily				
		Continue recruitment	NTE Date:				
		(for temporary positions					
		with NTE date)	Temporary NTE Date:				

I. <u>REQUEST:</u> Please check appropriate box in sections (a), (b) <u>and</u> (c)

II. **POSITION INFORMATION:** Enter any proposed changes to the position.

)	U	ampus		
Class Title:		C	Division: _		
SR/BC:	BU:	_ В	Branch:		
Class Code	e:	S	Section: _		
FTE:	%				
			5 1		(Area/City and Island)
	IFORMATION:				
Work Weel	Schedule:	(If other than Monday	– Friday)	_ Work Sche	dule:
Former Inc		(in other than workdy	Thaay)		
(or new po		(Na	me / Reason	Left / COB Date)	
Kuali Acco	unt Code:				Warrant Distribution Code:
Fund:	General	Revolving		Other:	
	Special	Federal			
position d Name:	escription and if r		ad to ratic		
		person appointing aut			t duties and responsibilities."
	(Print Name of	person appointing aut	thority or des	ignee)	t duties and responsibilities."
Signature:	(Print Name of	person appointing aut	thority or des	ignee)	(Date)
Signature:	(Print Name of	person appointing aut	thority or des	ignee)	
Signature: V . <u>FOR SYS</u>	(Print Name of (Appointi	person appointing aut	thority or des	ignee)	(Date)
Signature: V . <u>FOR SYS</u> Selective c	(Print Name of (Appointi TEM OHR USE: ertification approva	person appointing aut ng Authority or Desigr Il (date):	thority or des	ignee)	(Date)
Signature: V . <u>FOR SYS</u> Selective c Typ	(Print Name of (Appointi TEM OHR USE: ertification approva	person appointing aut ng Authority or Desigr Il (date): s license (thority or des nee) CDL	ignee) Forklift	(Date)
Signature: V . <u>FOR SYS</u> Selective c Typ Lift	(Print Name of (Appointi TEM OHR USE: ertification approva ing Driver	person appointing aut ng Authority or Design Il (date): s license (os (thority or des nee) CDL	ignee) Forklift	(Date)