RCUH Research Corporation
of the University of Hawai'i

Human Resources Department

*RCUH Use Only:* **ID #:** _____
**Position #:** _____

# POSITION REQUISITION FORM

**REMINDER: For New Job Descriptions, please email it to rcuh_employment@rcuh.com**

**1** Reason for Requisition *(check on):*
- ☐ Replacement for *(name & title):*_____
- ☐ New/Additional Position *(submit Service Order Personnel Form Attachment B for service ordered Projects)*
- ☐ Revision to Submitted PRF (state change):_____

| **2** Recommended Position Title: | **3** Project Name: | **4** RCUH Pay Range Recommended: |
|---|---|---|
| Position #: | Payroll Distribution Code: | **5** F.T.E.: # of Positions: |

**6**

| Project(s): | Project A | Project B | Project C | Project D |
|---|---|---|---|---|
| Project # (7 digit proj. #): | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ | __ __ __ __ __ __ |
| Budget Category (4 digit B.C.): | __ __ __ __ | __ __ __ __ | __ __ __ __ | __ __ __ __ |
| % of Charge (must total 100%): | __ __ __ % | __ __ __ % | __ __ __ % | __ __ __ % |

**7** Compensation Eligibility: *(Check only if applicable and previously established. If not not, describe on attached memo.)*
- ☐ ND (Night Differential)
- ☐ ATO (Accum. Time Off)
- ☐ DC (Deployment Comp.)
- ☐ SEA (Sea Pay)
- ☐ TOA (Time Off Allowance)
- ☐ Other: _____

**8** RCUH Bulletin Board Posting (Opening) Date: _____/_____/_____

**9** Closing Date *(at least 5 days after posting or secondary recruitment date):* ____/____/____

**10** Secondary *(optional)* Recruitment Sources:
- ☐ Advertiser Date: ____/____/____
- ☐ RCUH Website Date: ____/____/____
- ☐ Other _____ Date: ____/____/____
- Date: ____/____/____

**11** Method of Payment for Secondary Recruitment:
- ☐ Charge any fees incurred for recruitment advertisements to:
  - Project # *(7 digit proj. #):* __ __ __ __ __ __
  - Budget Category *(4 digit B.C.):* __ __ __ __

**12** Name and phone number to appear in advertisements for telephone inquiries *(must have signature authority for personnel actions):*
Name: _____ Phone: _____

**13** Contact person regarding this request, i.e., wording of ad *(must have signature authority for personnel actions)*:
Name: _____ Phone: _____ Fax: _____
E-mail: _____

**14** **AUTHORIZATION: (Certification of Request)**

| _____ | _____ | ____/____/____ |
|---|---|---|
| Print Name of Principal Investigator | Signature of Principal Investigator and/or Designated Project Official | Date |

**15** **AUTHORIZATION: (Certification of Sections 6, 7, 11)**

| _____ | _____ | ____/____/____ |
|---|---|---|
| Print Name of Fiscal Officer | Signature of Fiscal Officer | Date |