



## POSITION REQUISITION FORM

REMINDER: For New Job Descriptions, please email it to [rcuh\\_employment@rcuh.com](mailto:rcuh_employment@rcuh.com)

<b>1</b>	Reason for Requisition ( <i>check on</i> ): <input type="checkbox"/> Replacement for ( <i>name &amp; title</i> ): _____ <input type="checkbox"/> New/Additional Position ( <i>submit Service Order Personnel Form Attachment B for service ordered Projects</i> ) <input type="checkbox"/> Revision to Submitted PRF ( <i>state change</i> ): _____
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<b>2</b> Recommended Position Title:	<b>3</b> Project Name:	<b>4</b> RCUH Pay Range Recommended:
Position #:	Payroll Distribution Code:	<b>5</b> F.T.E.:                      # of Positions:

<b>6</b>	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%):	_____ %	_____ %	_____ %	_____ %

<b>7</b>	Compensation Eligibility: ( <i>Check only if applicable and previously established. If not not, describe on attached memo.</i> )	<input type="checkbox"/> ND (Night Differential)	<input type="checkbox"/> TOA (Time Off Allowance)
		<input type="checkbox"/> ATO (Accum. Time Off)	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> DC (Deployment Comp.)	_____
		<input type="checkbox"/> SEA (Sea Pay)	_____

<b>8</b> RCUH Bulletin Board Posting (Opening) Date: ____/____/____	<b>9</b> Closing Date ( <i>at least 5 days after posting or secondary recruitment date</i> ): ____/____/____
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<b>10</b> Secondary ( <i>optional</i> ) Recruitment Sources:	<b>11</b> Method of Payment for Secondary Recruitment:
<input type="checkbox"/> Advertiser      Date: ____/____/____	<input type="checkbox"/> Charge any fees incurred for recruitment advertisements to:
<input type="checkbox"/> RCUH Website    Date: ____/____/____	Project # (7 digit proj. #): _____
<input type="checkbox"/> Other _____	Budget Category (4 digit B.C.): _____
Date: ____/____/____	
Date: ____/____/____	

<b>12</b>	Name and phone number to appear in advertisements for telephone inquiries ( <i>must have signature authority for personnel actions</i> ): Name: _____ Phone: _____
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<b>13</b>	Contact person regarding this request, i.e., wording of ad ( <i>must have signature authority for personnel actions</i> ): Name: _____ Phone: _____ Fax: _____ E-mail: _____
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<b>14</b>	<b>AUTHORIZATION: (Certification of Request)</b>	
	Print Name of Principal Investigator _____	Signature of Principal Investigator and/or Designated Project Official _____
		Date: ____/____/____

<b>15</b>	<b>AUTHORIZATION: (Certification of Sections 6, 7, 11)</b>	
	Print Name of Fiscal Officer _____	Signature of Fiscal Officer _____
		Date: ____/____/____