



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 (<i>check on</i>): <input type="checkbox"/> Replacement for (<i>name & 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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2 Recommended Position Title: Position #: _____	3 Project Name: _____ Payroll Distribution Code: _____	4 RCUH Pay Range Recommended: 5 F.T.E.: _____ # of Positions: _____
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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: (<i>Check only if applicable and previously established. If 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)	_____

8 RCUH Bulletin Board Posting (Opening) Date: _____/_____/_____	9 Closing Date (<i>at least 5 days after posting or secondary recruitment date</i>): _____/_____/_____
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10 Secondary (<i>optional</i>) Recruitment Sources: <input type="checkbox"/> Advertiser Date: _____/_____/_____ <input type="checkbox"/> RCUH Website Date: _____/_____/_____ <input type="checkbox"/> Other _____ Date: _____/_____/_____ Date: _____/_____/_____	11 Method of Payment for Secondary Recruitment: <input type="checkbox"/> Charge any fees incurred for recruitment advertisements to: Project # (<i>7 digit proj. #</i>): _____ Budget Category (<i>4 digit B.C.</i>): _____
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12	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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13	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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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 _____/_____/_____