



Benefits Eligible: Yes No

Job Title _____ Group _____

Full-time Part-time

Department/Division _____ Date Required _____

Addition Replacement

_____ If replacement, name of person to be replaced _____

Date Leaving _____ Reason for leaving _____

Comments:

Department Approval	
Signature of Originator	Date
Department Head	Date
Board Chair Approval (if applicable)	Date

Human Resource Use Only	
Log Control Number	Human Resources Liaison
	<input type="checkbox"/> Internal Hire <input type="checkbox"/> External Hire
Filled By _____	
Start Date	Group/Step
	Rate Per

Date

Cc: File Employee Department Head Finance