

Position Request Form

Requisition Type

Requisition Information (complete relevant fields)	
What type of requisition is this?	Choose an item.
How long has the position been vacant?	Click here to enter text.
Previous incumbent name	Click here to enter text.
Previous incumbent Banner class title	Click here to enter text.
Previous incumbent Banner ID	Click here to enter text.
Position Status	Choose an item.
Is this part of an approved reorg?	Choose an item.
Anticipated salary to fill position	Click here to enter text.

Classification Title

Classification Details (no action required; fields available for your own records)	
Banner Classification Title	Click here to enter text.
E-class Code	Choose an item.
Pay Grade	Choose an item.
FLSA Status	Choose an item.
EEO/AA Code	<i>Leave blank – Compensation will complete</i>
Job Status	Choose an item.
Position Class Code	Click here to enter text.

Position Information

Position Details	
Location	Click here to enter text.
Shifts Required	Click here to enter text.
Department	Click here to enter text.
Timekeeping Location	Click here to enter text.

Job Description	
Classification Title	Click here to enter text.
Position Title	Click here to enter text.
Job Summary	Click here to enter text.
Knowledge, Skills, Abilities, and Personal Characteristics	Click here to enter text.
Minimum Qualifications	Click here to enter text.

Job Duties and Responsibilities
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Percentage of Time	Job Responsibility <i>The job responsibilities should be prioritized in order of importance (i.e. #1 being the most important job responsibility). Include minimum of three duties and a maximum of ten.</i>
Percent	1. Click here to enter Essential Job Responsibilities.
Percent	2. Click here to enter Essential Job Responsibilities.
Percent	3. Click here to enter Essential Job Responsibilities.
Percent	4. Click here to enter Essential Job Responsibilities.
Percent	5. Click here to enter Essential Job Responsibilities.
Percent	6. Click here to enter Essential Job Responsibilities.
Percent	7. Click here to enter Essential Job Responsibilities.
Percent	8. Click here to enter Essential Job Responsibilities.
Percent	9. Click here to enter Essential Job Responsibilities.
Percent	10. Click here to enter Essential Job Responsibilities.
100%	

Classification/Re-Classification

Requisition Information	
Suggested Position Title	Click here to enter text.
Please provide a brief description of the department's need for this new position (skip if existing position)	Click here to enter text.
Job Status	Choose an item.
List any required licensure/certification (spell out acronyms)	Click here to enter text.
List any preferred qualifications for this position	Click here to enter text.
If this position has final responsibility for developing controlling, and implementing a department budget, what is the amount?	Click here to enter text.
Does this position assist with operating budget review and/or monitoring departmental accounts?	Click here to enter text.
If this position has signature authority for purchase approvals, what is the maximum amount?	Click here to enter text.
List examples of decisions for which the employee is directly accountable	Click here to enter text.
Does this position supervise related functions without line authority, highly technical areas, or multiple departments?	Click here to enter text.
If yes, please describe	Click here to enter text.
If errors were made, who would be affected and how?	Click here to enter text.
List any types of confidential data to which this position has access	Click here to enter text.
Identify the types of interaction this position has with other employees, departments, or	Click here to enter text.

organizations both internal and external to the University	
What has changed about the position since its original classification?	Click here to enter text.
Have there been changes to departmental staffing? Please explain.	Click here to enter text.
Explain any cyclical compliance, grant/accreditation standards that make this position essential to University functions	Click here to enter text.
Is this position a part of an approved reorganization in the division?	Click here to enter text.
Are there any positions that currently exist in your department, division, or in the University to which this position is comparable?	Click here to enter text.

Job Requirements

Moving Patients	
Indicate the types of patients that this position will lift, transfer or reposition	<input type="checkbox"/> Does Not Apply <input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Infants
Transport Patients	Choose an item.
If yes, please indicate transport types	<input type="checkbox"/> Does Not Apply <input type="checkbox"/> Wheelchairs <input type="checkbox"/> Stretchers <input type="checkbox"/> Beds

Moving Inanimate Objects or Patients	
Activity Type	Frequency
Lifting or carrying up to enter max. weight lbs	Choose an item.
Pushing or pulling forces up to enter max. weight lbs	Choose an item.

Physical Activity (add more rows if needed; one entry required)		
Activity Type	Frequency	Approx. weight of objects held while reaching (in lbs)
Choose an item.	Choose an item.	enter approx.. weight lbs
Choose an item.	Choose an item.	enter approx.. weight lbs
Choose an item.	Choose an item.	enter approx.. weight lbs

Ability to accurately identify and distinguish colors	
Does this position require this skill? Choose an item.	If yes, what frequency is this skill required? Choose an item.

Additional Job Requirements	
Direct Patient Contact	Choose an item.
Research Laboratory Worker	Choose an item.
Support Position serving research labs and/or animal facilities	Choose an item.
Have direct exposure to Research Animals	Choose an item.
Have exposure to Blood Borne Pathogens	Choose an item.
Have exposure to Recombinant DNA	Choose an item.
Have exposure to Risk Group 2 Biological Agents	Choose an item.
Have exposure to Risk Group 3 Biological Agents	Choose an item.
Have exposure to Select Agents	Choose an item.
Have exposure to Toxic Chemicals	Choose an item.
Have exposure to Radioactive Materials	Choose an item.
Have exposure to X-Rays (machine produced radiation)	Choose an item.
Have exposure to any type of Laser Use	Choose an item.
Have exposure to Class 3B or Class 4 Laser	Choose an item.

Additional Job Requirements

Attendance	
Ability to maintain a regular work schedule	Choose an item.
What is the regular work schedule for this position, days per week	Click here to enter text. days per week
What is the regular work schedule for this position, hours per day	Click here to enter text. hours per day
How important is it that the employee is physically at work?	Choose an item.
Can the employee work from a remote location on a short or long term basis and still be able to perform the essential functions of this position?	Choose an item.

Mental Demands (add more rows if needed; one entry required)	
Activity	Frequency
Choose an item.	Choose an item.
Choose an item.	Choose an item.
Choose an item.	Choose an item.

Environmental Exposures (add more rows if needed; one entry required)			
Exposure Type	Exposure Frequency	Other Substance and Frequency of Exposure	Office Configuration
Choose an item.	Choose an item.	Click here to enter text.	Choose an item.
Choose an item.	Choose an item.	Click here to enter text.	Choose an item.
Choose an item.	Choose an item.	Click here to enter text.	Choose an item.

Animal Exposure	
Identify Type(s) of Animal(s)	Click here to enter text.

Patient Exposures (add more rows if needed)	
Exposure Type	Frequency
Choose an item.	Choose an item.
Choose an item.	Choose an item.
Choose an item.	Choose an item.

Operation Requirements (add more rows if needed)				
Operation Requirement	Operation Req. Frequency	Other Operation Req. and Frequency	If driving corporate vehicles, weight of heaviest vehicle employee will be driving	Is the employee required to have a commercial driver's license?
Choose an item.	Choose an item.	Click here to enter text.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Click here to enter text.	Choose an item.	Choose an item.

Other Exposures	
Does the job involve other exposures or potential hazards?	Choose an item.
Frequency of other exposure	Choose an item.

Position Funding

Funding Source	
Position Type	Choose an item.
Position Number	Click here to enter text.
Employee Group	Choose an item.
Does the funding for this position currently exist in your fiscal year budget?	Choose an item.
If yes, explain the funding source/position number of the existing funding	Click here to enter text.
If no, explain the source of the new funding	Click here to enter text.

Funding Details (add more rows if needed; one entry required)			
Fund	Org	Account	Percent
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Supervisor

Job Title	Click here to enter text.
Position Number	Click here to enter text.
Position Type	Choose an item.
Org Unit	Click here to enter text.
First Name	Click here to enter text.
Last Name	Click here to enter text.
Email	Click here to enter text.

Internal Documents

Attach relevant documents (i.e. Current and Proposed Org. Charts and Written Approval) <i>No action needed on this form; fields available for notes</i>	
Current Organization Chart	Click here to enter text.
Proposed Organization Chart	Click here to enter text.
Written Approval	Click here to enter text.
Other Documentation	Click here to enter text.
Compensation Notes	Click here to enter text.
Market Data	Click here to enter text.
Original Classification Submission	Click here to enter text.
Other Compensation Documents	Click here to enter text.