

RECRUIT AND POSITION FORM

A VACANCY					
<input type="radio"/> Post 0 Waive Posting					
<input type="radio"/> New Position		Effective Date (dd/mm/yyyy)		New Position Code	
<input type="radio"/> Existing Position		Previous Incumbent Name & ID		Position (code)	Job (code)
B CHANGE EXISTING POSITION INFORMATION					
Effective Date of Change (dd/mm/yyyy)			<input type="checkbox"/> Re-evaluation request		
Current Incumbent (<i>attach list if there are more than one</i>)		Incumbent Employee ID	Position (code)	Job (code)	
C POSITION INFORMATION					
Position Title (dept.)			Job Title		
Building Location		Mailstop	New Job Code		
Supervisor Name			Supervisor Position (code)		
<input type="radio"/> Permanent <input type="radio"/> Limited Term <input type="radio"/> Temporary		Period of Term (dd/mm/yyyy) From _____ To _____			
C-2 POSITION HIERARCHY INFORMATION					
<input type="checkbox"/> This position will have NO direct reports assigned in the HRIS					
<input type="checkbox"/> This incumbent will replace the following as direct supervisor to ALL of the SAME employees:					
Name:		ID:		Position code:	
<input type="checkbox"/> This incumbent will supervise a DIFFERENT set of employees: <i>Please complete and attach the Hierarchy Spreadsheet</i>					
D SCHEDULE INFORMATION					
<input type="radio"/> Full Time		<input type="radio"/> Part Time		% of Full Time _____	Full Time Hours _____
DAY	START	END	DAILY HRS	SHIFT	<input type="checkbox"/> Non-Scheduled Working Hours Non-Working Month(s) _____
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					Existing Schedule (code) _____
Total Weekly Hours					<input type="checkbox"/> Schedule Attached
E ACCOUNT INFORMATION					
		GL Account 1		GL Account 2	
GL Account (#-####-####)					
% Allocation					
Benefit Account Override (#-####-####)					
Effective Date (dd/mm/yyyy)					

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F AUTHORIZATION				
Department	Ext.	Name	Signature	Date (dd/mm/yyyy)
Research Office (University / FHS)	Ext.	Name	Signature	Date (dd/mm/yyyy)
Finance Office (University / FHS)	Ext.	Name	Signature	Date (dd/mm/yyyy)
FOR HR USE ONLY				
Assess for Placement / Layoff				
Organization Type	Comp Group	Grade/Band	Step	
JCQ No.	Position Group for Time Capture	Position Group for Attendance Mgmt.	Personal Service Unit (PSU)	
Employee ID	Employee Name			Hourly Rate/Salary
Start Date (dd/mm/yyyy)	Job Title	Schedule Start Sequence	Contract End Date (if applicable)	
Internal <input type="checkbox"/>	Promotion <input type="checkbox"/>	Lateral Move <input type="checkbox"/>	<input type="checkbox"/> External	External Source
<input type="checkbox"/>	Demotion <input type="checkbox"/>	Casual / Temp <input type="checkbox"/>		
Completed By		Completion Date (dd/mm/yyyy)	Sign-In Date (dd/mm/yyyy)	

*Department - Forward to the appropriate Research or Finance Office for authorization.
Research or Finance - Forward to your Human Resources Services Area Office.*