

Staff Recruitment Request Form

Department Name: _____ Hiring Manager: _____
of Positions: ___ Position Type: _____ Position Status: New Replacement Contract Renewal
If replacement or contract renewal, name of previous/current employee: _____
If Student or Limited, indicate the anticipated duration of employment: _____
If recruitment is needed, select one: Internal Recruitment External Recruitment
Working Title: _____ Proposed Salary/Increase: _____

- 1.) Provide a **short** summary of the position.
- 2.) What is the impact on the department if the position is not filled?
- 3.) Is this position funded, and how? If known please provide account, fund, and sub or KFS account.
- 4.) If existing position, when did the previous employee leave this position, and has the position Job Description changed?

Authorization - Department Head

Date

Please submit this form to ABSHR@uci.edu with appropriate signatures and a copy of the job description. We may request a soft copy of the Job Description for classification purposes.

FOR DFA HR USE

Payroll Title Code: _____ Payroll Title Name: _____ Position Type: _____

Comp Range, Min-Mid: _____ Approved Salary/Range: _____

Renewal year if applicable: New 2nd year 3rd year 4th year 5th year

Funding: Account/Fund/Sub _____ / _____ / _____ KFS _____ Position #: _____