HOPE COLLEGE
PERSONNEL REQUISITION

Please complete each section. Any forms with missing information will be returned.

Department: _____

Requested By: _____

Request Date: _____

Section 1: Employee Category

- Select one: □ Administrative (salaried) □ Hourly
- Select one: □ Full Time □ Part Time (hrs/week:_____) □ Temporary
- Select one: □ Twelve Months □ Academic Year □ Other: _____

Section 2: Position Information

- Position Title: _____
- Is this a replacement?

  □ No □ Yes (Person Replaced:_____)
- Start date for new employee: _____
- Attach a job description to this form that includes a summary of responsibilities and education/experience/skills required.

Section 3: Approval

The following signatures must be obtained before this form is sent to Human Resources:

_____ _____

Department Head Date

_____ _____

Division Head Date

_____ _____

President Date