



REQUEST FOR PERSONNEL (PS-1)

OFFICE OF PERSONNEL
(617) 353-3500
JOB POSTING # _____

Please complete this form when requesting regular, non-student, non-faculty personnel.

Offers of employment (transfer, promotion, hire) may not be made prior to approval by all appropriate administrative offices. **Hiring departments are not authorized to extend either written or verbal offers of employment. Only the office of personnel is authorized to extend an offer of employment.**

Refer Applicants To: _____ Address _____

Extension _____ FAX _____ E-mail _____ Date Requested _____ Date Needed _____

Position Title _____ Grade ____ Position # _____ Mail Code _____

Unit/Dept Name _____ Location _____ Ext. _____

Type of Employment:

Full-Time: Hours 35 ____ 37 ½ ____ 40 ____ Part Time: Hours/Week _____ Time Employed _____ %

Work Schedule if other than Monday-Friday, 9am-5pm: Start/End Hours _____ Days of Week _____

Assignment Duration: _____ If not 12 months per year, From: _____ Through _____

Pay Frequency: Weekly ____ Monthly ____ Pay Status: Hourly ____ Salaried ____ **New Position?** Yes ____ No ____

Replacement: For Whom? _____ Last Day of Work: _____ Reason: Promo./Trans. ____ Term. ____

Are there any current Unit/Department EEO hiring goals established for this Job Code? Yes ____ No ____
 If yes, have these goals been achieved? Yes ____ No ____

Is any employee in the unit qualified to be promoted to this position? Yes ____ No ____ If yes, who? _____

Is anyone outside of the unit currently being considered for this position? Yes ____ No ____ If yes, who? _____

Is this position to be included in the Employee Referral Program? Yes ____ No ____

When applicable, Home Base Unit/Dept should be on first split line. Home Base Unit code _____ Dept Code _____

\$ _____ is available (actual annual) for this position. Rev. Amt: \$ _____ Approved by _____ Date _____

% OF SPLIT	FUND	UNIT	DEPT	OBJECT	SOURCE	TERMINAL DATE	AMOUNT OF SPLIT	ANNUAL SALARY
▲	0	0		0				
▲	0	0		0				
▲	0	0		0				
▲	0	0		0				
1	0	0	0	0	0		% TOTAL	

Name of Employee Hired _____ Date of Hire _____ Federal (EEO) Job Code _____

Approvals:

 Chairman/Supervisor Date _____ Provost/Vice President Date _____ Other _____ Date _____

 Dean/Director Date _____ Budget _____ Other _____ Date _____