## **Student Personnel Requisition Form (SP-8)**

New Position: D Yes D No		ion #: position leave	e blank	Position Title:			
Department #: Departm			ent Name:				
Pay Rate:	W	Vork Week (Hrs):		Worker's Comp Code <sup>1</sup> :		FLSA Code <sup>2</sup> :	
EEO Occup. Code <sup>3</sup> :		Classifica	tion: 🗖 Work S	Study D Work Assist	tance <b>D</b> Intern	ational W	ork Scholarship
Basic minimum qualifications required for this position? (Required)							
(If space is insufficient, please attach additional qualifications)							
(If space is insufficient, please attach additional duties)							
If replacement, who is being replaced:				Termination Date:			
Position Filled by:				Date:			
Hiring Supervisor/Manager (Please Print):			Telephone:	Hiring Supervisor/M	liring Supervisor/Manager Signature:		Date:
Department Head/Director (Please Print):		Telephone:	Dept. Head/Director Signature:		Date:		
Cabinet Approval:		Date:	Human Resources	uman Resources Approval:		Date:	
Budget Approval:			Date:	Executive VP/COO Approval:		Date:	
<sup>1</sup> Valid Worker's Comp Codes: 0000 = Athletes 7380 = Drivers 7421 = Aircraft Pilot 8868 = Office/Clerical and Professional 9101 = All Others <sup>2</sup> Valid FLSA Codes: E = Exempt (Salaried) N = Nonexempt (Hourly)				<sup>3</sup> Valid EEO Codes: 1 = Officials and Managers 2 = Professionals 3 = Technicians 4 = Sales 5 = Office and Clerical 6 = Craftsmen 7 = Operatives (Semi-skilled) 8 = Laborers (Unskilled) 9 = Service Workers N = Not Reported			