Personnel Requisition Form (P-8)

New Position: ☐ Yes ☐ No	Position #: If new position leave blank	Position Title:	
Department #:	Department Name:		
Pay Rate/Grade:	Work Week (Hrs):	Worker's Comp Code[1]:	FLSA Code[2]:
EEO Occup. Code[3]:	Benefited: ☐ Yes ☐ No	☐ Full Time ☐ Part Time ☐ Temporary	

Basic minimum qualifications required for this position? (Required)

(If space is insufficient, please attach additional qualifications)

Duties to be performed by employee? (Required)

(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/Manager Signature:	Date:
Department Head/Director (Please Print):	Telephone:	Dept. Head/Director Signature:	Date:
Cabinet Approval:	Date:	Human Resources Approval:	Date:
Budget Approval:	Date:	Executive VP/COO Approval:	Date:

[1]Valid Worker's Comp Codes:
0000 = Athletes
7380 = Drivers
7421 = Aircraft Pilot
8868 = Office/Clerical and Professional
9101 = All Others

[2]Valid FLSA Codes:
E = Exempt (Salaried)
N = Nonexempt (Hourly)

[3]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