

REQUEST TO FILL FORM

This form should be used to initiate a recruitment request. Before completing this form, discuss this request with your department head. Once you have a verbal approval, from the department head, contact your HR Business Partner to consult and complete this form. Once this request is approved, your HR Partner will advise you via email with a copy to the Talent Acquisition & Onboarding Manager.

Section1: Department and Contact Information					
Core Name:		Unit Name:			
Hiring Manager:		Hiring Manager contact info:	Phone:		
			Email:		
HR Partner:		HR Partner contact info:	Phone: Email:		
Section 2: Position Do	etails				
Type of Position (Mgr/Faculty/Staff)			Desired Start Date:		
If vacancy, name of previous incumbent:			Employee ID: Position #:		
If vacancy:	Current Official Title:	Current Salary	Current Working Title:		
If new or different title:	Requested Official Title:		Requested Working Title:		
Full Time or Part- Time		If Part-Time Indicate Duration of Position	If not ongoing, expected end date:		
		New Position Salary Range			
		Approved Budget Range:			
Must attached an updated Position Description to this form		Must attached a current and proposed org chart			

Section 3: Justification for Request to Recruit (additional pages may be attached, if needed)

When writing your justification, please address the following questions:

- Why is this position needed?
- How does this position fit within the current Strategic Plan?
- What alternatives have been considered in the decision to replace/fill this position and WHY they will not
 work. (For example, student help, part-time employee, project work, reallocation or redeployment or shared
 resources, etc.).
- What is the impact of not filling this position? (For example, describe the positions impact on revenue, operational expenses, project work, overtime use, etc.)

(attached additional sheets, if necessary)					
Section 4: Approvals					
Core VP:		Date:			
Class & Comp Unit		Recommend/Not Recommend			
Budget		Recommend/Not Recommend			
Request To Fill Committee:		Date:			
Section 5: Denial					
VP POER/CFO		Date:			
Request To Fill Committee (RTFC):		Date:			
Reason(s) for De	nial:				

^{*}A Financial Impact Template must be completed and reviewed