

Personnel Requisition Form

Detailed information on recruiting new employees is in Procedures [2100](#). Complete, print, sign and forward this form to the DIVISION OF HUMAN RESOURCES, EMPLOYMENT DEPARTMENT. For more information contact employment@mdc.edu.

TO BE COMPLETED BY DEPARTMENT:

Full Time Job Group

Essential Position for Emergency Purposes

Pay Grade: Job Code-Job Title (FLSA); Minimum; Midpoint

Part Time Job Group

Essential Position for Emergency Purposes

Job Code-Job Title (FLSA); Minimum - Maximum

Working Title:		Department:		
Days/Hours of Work:	Org Unit:	Qual:	GLC Code:	
Refer Applicants to:		Room #:	Phone #:	
Status:	Give Dates if Temporary:	From:	To:	
Campus:	District:	New Position Line #:	Position #:	
Replacement for:		MDID #:	Desired Appointment Date:	
Reason for Incumbent leaving:		Date:	If Grant Funded Position/Give C.P.N.#:	

ON-LINE APPLICANT TRACKING ACCESS DELEGATION (Full-Time Positions Only)

 Access Delegator:	 Committee Member:
 Hiring Manager:	
 Committee Chair:	

POSITION REQUIREMENTS: EXISTING **Yes** **No** - Attach approved job description
 If job description already exists, and you would like to add to the description, enter the information below.

*** New positions - Please complete a [Job Description Questionnaire](#) and submit to the Compensation department at hrcompensation@mdc.edu for review and approval, two weeks prior to posting.**

POSTING INFORMATION:	INTERNAL	EXTERNAL	
Recruitment Source Desired:			For Other, Please specify:
SIGNED:		PRINT NAME: (Hiring Supervisor)	DATE:
APPROVED:		PRINT NAME: (Provost/Vice Provost or Designee/Campus President or Dean)	DATE:

FOR HUMAN RESOURCES USE ONLY

Pos #: _____	Qual: _____	GLC Code: _____	Calendar: _____	Job Class Code: _____
Pay Grade: _____	Upgrade _____	Downgrade _____	Position Title: _____	
HR Approval: _____			Date: _____	
Employment Use:	Date Posted: _____	Reposted: _____	Position ID #: _____	
Advertising Dates:	Printed Media: _____	Websites: _____	Other Publication: _____	

FOR BUDGET USE ONLY

Funding Source: _____	Fund: _____	Status: _____	Temporary _____	Regular _____
Budget Approval: _____			Date: _____	

