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| California State University, Stanislaus | Human Resources MSR 250 (209) 667-3351  (For HR use only) Requisition #      \_\_\_\_\_\_\_ FY \_     \_\_\_\_\_ |

STAFF & MANAGEMENT RECRUITMENT & EMPLOYMENT TRANSACTION REQUEST

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| **Part I: General Information** |

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| Department Name: |  | | | Today’s Date: | | | | |  |
| Classification Title: |  | | Working Title: | | |  | | | |
| Dept. Contact Name: |  | | Extension: | |  | | E-mail: |  | |
| Manager/\*Supervisor/Dept. Chair | |  | Extension: | |  | | E-mail: |  | |
| *(\*1st level non-bargaining unit supervisor)* | | | Number of Positions to be filled: | | | | |  | |

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| **Part II: Position & Employee Information** |

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| **Position is :** |  | | **Transaction - Employee Name**: | | |  | | | | Action: | |  | | |
| Replacement of: | |  | | Date Vacated: | | |  | |  | | Date Clear: | |  | |
| Reason for Replacement/Transaction: | | | | | If Other, Explain: | | |  | | | | | |

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| **Part III: Appointment & Transaction Details** |

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| **Appt/Trans is:** | 1) |  | | | |
| Proposed Start/Effective Date: | | |  | Ending Date: |  | |

*\*If the temporary appointment is for at least six months and one day and at a time base of at least 50%, the employee is eligible for benefits.*

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| **Time Base**: | Full-Time | | | | | **Pay Plan:** | | |  | | | | |
|  | Part-Time: | Fraction: | | |  | | If Other, Explain: | | | |  | | |
|  | Hourly Intermittent: | | Not to exceed       Hrs Per Wk | | | Period(s) Off: | | |  | | | | |
|  | Time Base Change: | | From       To | | | Pay Plan Change: | | | | From       To | | |
| **Salary**: | Entry or Current $       per month | | | Maximum Budgeted per month $ | | | | | | | | |
|  | Actual $       per month | | | Per Hour $ | | | | Stipend % | | | | Bonus $ |

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| **Part IV: Budget & Position Control Information** |

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| **Funding:** |  | | | | | | | |  | | | | | | | | | | |
| Request to Upgrade/Downgrade budgeted classification | | | | | | | | | | | | | | Start Date: | | |  | End Date: |  |
| Justification: | | |  | | | | | | | | | | | | | | | | |
| PIMS Position Number: | | | |  |  |  | |  | | Department Name & ID: | | | | | |  | | | |
| CMS Position Number: | | | |  | | | | | |
| Max Salary Funding : | | | |  | | | Max Benefits Funding : | | | | |  | | | | | | | |
|  | | | |  | | | Acct, Fund, DeptID, Program /Project : | | | | | | | |  | | | | |
| Request to change Funding Source ***or*** Supervisor | | | | | | | | | | |  | | | | | | | | |
| From: | |  | | | | | | | | | To: | |  | | | | | | |

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| Budget Analyst Signature: | |  | Date: |  | Funding Verified |
| Comments: |  | | | | |

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| **Part V: Required Attachments** |

**Justification Memo  Organizational Chart  Position Description**

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| **Part VI: Approvals** | | | | | |
|  | Print Name |  | Signature |  | Date |
| Chair / Dept. Mgr. |  |  |  |  |  |
| Dean / Director/AVP |  |  |  |  |  |
| Provost / Vice President |  |  |  |  |  |
| President (or designee) |  |  |  |  |  |
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| Human Resources | |  | |  |  | | | | |  |  | |
| Classification: | |  | HEERA Designation: | | | |  | MPP Job Code: | | | |  |
| HR Comments: |  | | | | | | | | | | | |
|  | |  | | |  |  | | |  | | | |
| Budget Office Signature: | |  | | | Date: |  | | | CMS Updated | | | |