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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 |