HOPE COLLEGE
PERSONNEL REQUISITION

Please complete each section. Any forms with missing information will be returned.

Department: ________________________________________________________________

Requested By: ________________________________________________________________

Request Date: ________________________________________________________________

Section 1: Employee Category

· Select one: ☐ Administrative (salaried) ☐ Hourly
· Select one: ☐ Full Time ☐ Part Time (hrs/week:_________) ☐ Temporary
· Select one: ☐ Twelve Months ☐ Academic Year ☐ Other: ________________________

Section 2: Position Information

· Position Title: ________________________________________________________________
· Is this a replacement?
  ☐ No  ☐ Yes (Person Replaced:__________________________________________)
· Start date for new employee: ________________________________________________
· Attach a job description to this form that includes a summary of responsibilities and
  education/experience/skills required.

Section 3: Approval

The following signatures must be obtained before this form is sent to Human Resources:

__________________________________________________________ _______________________
Department Head                         Date

__________________________________________________________ _______________________
Division Head                            Date

__________________________________________________________ _______________________
President                                Date