

## PERSONNEL TRANSACTION DATA SHEET

Reason for Request:  New Position  Reclassification  Replacement  FTE Increase  Other

Assigned Orgn#: \_\_\_\_\_ Assigned Organization: \_\_\_\_\_

Appointing Department (faculty only): \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

### Funding Source:

	Index	Fund	Orgn	Prog	Actv	%
1						
2						

	Index	Fund	Orgn	Prog	Actv	%
3						
4						

<b>Existing</b>	Position # _____ Title: _____ FTE: _____
	Current/Previous Incumbent Name: _____ Current/Previous Salary: _____
<b>New</b>	Title (if applicable): _____ FTE: _____
	Salary Range: _____ Salary Group: _____ Target Start Date: _____ End Date: _____

**1. Hires (attach resignation letter if replacement)**

**2. Changes**

- a) Regular Position
- b) Student Payroll
- c) Special Payroll (UHP & Management/Confidential)
- d) Durational (Classified)
- e) Re-Employed Retiree (attach justification)
- f) Dual Employment (attach dual form)
- g) Other: \_\_\_\_\_

- a) Reclassification
- b) Temporary Service in Higher Class
- c) Salary Increase
- d) FTE % Change from \_\_\_\_\_% to \_\_\_\_\_%
- e) Student Continuation (attach student verification)
- f) Special Payroll Continuation
- g) Dual Payroll Continuation
- h) Durational Continuation
- i) Re-Employed Retiree Continuation (attach justification)

**For Budget Department Use Only**

Budgeted  Not Budgeted

Budgeted Amount: \_\_\_\_\_ FTE: \_\_\_\_\_

\_\_\_\_\_  
Approver Printed Name

\_\_\_\_\_  
Approver Signature Date

**For Faculty and Grant Funded Positions Only**

\_\_\_\_\_  
Director/Department Head Printed Name

\_\_\_\_\_  
Director/Department Head Signature Date

\_\_\_\_\_  
Vice President for Research Signature Date

PTR # \_\_\_\_\_ PCN # \_\_\_\_\_

**JOB POSTING** – *The following information is required to post a position.*

- Organizational Chart Attached
- Internal Job Duties/Description Attached

Position's Direct Report Name/Title: \_\_\_\_\_

Position's Time Approver Name: \_\_\_\_\_

Position's Alternate Time Approver Name: \_\_\_\_\_

Position's Work Phone: \_\_\_\_\_ Position's Mail Code: \_\_\_\_\_

Position's Work Location: Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

- Standard Hours:** (check one)
- Classified Full-Time** (35 or 37.5 or 40 Hours/Week)
  - Unclassified Full-Time** (40 Hours/Week)

- Length of unpaid meal break:** (check one)
- 30 Minutes** (Required Minimum)
  - 60 Minutes**
  - Other** (Specify): \_\_\_\_ Minutes

**Work Schedule:** (check one)

- 7:30 am - 4:00pm
- 8:00am – 4:30pm
- 8:00am – 5:00pm
- 8:30am – 5:00pm
- 9:00am – 5:30pm
- 9:30am – 6:00pm
- 10:00am – 6:30pm
- 10:30am – 7:00pm
- 11:00am – 7:30pm
- OTHER (e.g. 12 Hr. Shift, Holiday Coverage):

\_\_\_\_\_  
\_\_\_\_\_

- Where Posted:** (check one)
- Internal**
  - Internal & External**

- Duration of Posting:** (check one)
- 1 Week** (or contractual minimum)
  - 2 Week**
  - Open Until Filled**

**Salary Range:** \_\_\_\_\_ (non-bargaining unit positions)

**Advertising:** (Human Resources will place all advertisements.) check as many as apply and specify source

- Newspaper: \_\_\_\_\_
- Internet: \_\_\_\_\_
- Bulletin Boards: \_\_\_\_\_
- Direct Mail: \_\_\_\_\_
- Journal: \_\_\_\_\_
- Professional: \_\_\_\_\_
- Academic: \_\_\_\_\_
- National Meeting: \_\_\_\_\_
- Conference: \_\_\_\_\_
- Institution: \_\_\_\_\_

**NOTE:** To expedite this process, attach applicable documentation – e.g. Search Request, Dual Employment, Budget Modification/Transfer, Reclassification Memo, etc.

PTR # \_\_\_\_\_ PCN # \_\_\_\_\_

**MANDATORY EDUCATION REQUIREMENTS**

		<b>HR use only</b>
1. Will this position be involved, in any way, with the conduct or administration of research involving human subjects?	___Yes ___No	<b>RHS</b>
2. Will this position function in supervisory, managerial, and/or lead responsibilities, including faculty?	___Yes ___No	<b>SXH</b>
3. Will this position have potential exposure to human blood, body fluids, or infectious materials?	___Yes ___No	<b>BBP</b>
4. Will this position be involved in laboratory work (potential exposure to hazardous chemicals)?	___Yes ___No	<b>LAB</b>
5. Will this position have potential contact with respiratory isolation?	___Yes ___No	<b>RSP</b>
6. Will this position require CPR Certification?	___Yes ___No	<b>CPR</b>
7. Will this position require use of IDX?	___Yes ___No	<b>IDX</b>
8. Will this position require UMG Orientation?	___Yes ___No	<b>UMG</b>
9. Will this position require Med/Surg 5 Orientation?	___Yes ___No	<b>MS5</b>

**SCREENING AND INTERVIEWERS**

**Primary Contact:**      **Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
    **Email:** \_\_\_\_\_ **Room #:** \_\_\_\_\_ **MC#:** \_\_\_\_\_

**Screening Process:** (check one)      \_\_\_ **Individual(s)** \_\_\_ **Search Committee** (Attach sheet if necessary)

Name	Title	Phone Number

**ATTENTION:**

- Only Human Resources can make all other employment offers.
- HR will only make employment offers after the Department completes the Candidate Disposition and Selection Form.