

**MILLERSVILLE UNIVERSITY
PERSONNEL REQUISITION**

Approval to proceed with the search process will be granted through the completion of this form. Attach proposed job description and Essential Functions Identification Form.

SECTION 1: To Be Completed by Department

Date: _____

Department: _____ Division: _____

Requested Position Title: _____ Position Number: _____

Classification (if different from above) _____

Addition Replacement for _____

Reason for Addition or Replacement: _____

Source of Funding

Authorized Complement Adjunct/Overload Auxiliary Enterprise Grant Other

SPECIFY ALL THAT APPLY

FACULTY

Permanent
 Temporary/Adjunct
Academic Year 20__ to 20__
Fall 20__ Winter 20__ Spring 20__
Summer 20__
1st Session 2nd Session 3rd Session
 Full-time
 Part time
Hours per week: _____
% time _____
Workload/Credit Hours _____

STAFF

Permanent
 Temporary
Expected Duration: _____
 Full-time
 Part-time
Hours per week: _____
% time _____
Shift: _____
Days: From _____ To _____
Hours: From _____ To _____

SECTION 2: Approval

1. _____
Department Chair/Supervisor Date

3. _____
Appropriate Vice President Date

2. _____
Dean/Director Date

4. _____
Associate Vice President Human Resources Date

SECTION 3: To Be Completed by Human Resources

Approved Classification: _____ Range/Step _____

Class Code and Position No: _____