



## JOB REQUISITION FORM

### Instructions

1. Complete and sign this form to request a job posting or job funding.
2. Attach the job description in Word format and an organizational chart if available.
3. Submit all documents to [hr@cu-portland.edu](mailto:hr@cu-portland.edu) to begin signature process.

### DEPARTMENT INFORMATION

Department Name	Department Location	Department Building/Work Space
	<input type="checkbox"/> Main Campus <input type="checkbox"/> Idaho Campus <input type="checkbox"/> CRC Campus <input type="checkbox"/> Remote	

### STEP I: POSITION INFORMATION

Requested Position Title	Supervisor Name and Title		Job Level
Position Status	Position Type	Benefits Eligibility	Weekly Hours
<input type="checkbox"/> New Job <input type="checkbox"/> Existing Job with Change Current Incumbent(s) if Filled: _____	<input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Permanent Part-Time <input type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Temporary Part-Time	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> n/a	<input type="checkbox"/> 40 <input type="checkbox"/> 28 <input type="checkbox"/> 20 <input type="checkbox"/> Other _____
Position Type		Assignment Dates (if Temporary)	
<input type="checkbox"/> Cabinet <input type="checkbox"/> Staff <input type="checkbox"/> Intern <input type="checkbox"/> Contractor <input type="checkbox"/> Faculty <input type="checkbox"/> Student Worker <input type="checkbox"/> Volunteer <input type="checkbox"/> Not Sure		Start Date: _____ End Date: _____	
Business case (e.g., cost benefit, alignment with mission, vision, values, etc.); attach documentation if helpful.			
Do other positions need to be redefined or revised based on this new position or change? If so, please explain.			
Notes			

\_\_\_\_\_  
Hiring Manager Name

\_\_\_\_\_  
Hiring Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Name

\_\_\_\_\_  
HR Signature

\_\_\_\_\_  
Date

**STEP II: FUNDING INFORMATION**

Request Type			
[ ] Already Budgeted/Permanent		[ ] Non-Budgeted/Permanent Request	
[ ] Already Budgeted with Pay Increase Request		[ ] Non-Budgeted/Temporary Fund Request	
[ ] Already Budgeted/Reallocation Request			
Already Budgeted Amount	Market Range	Internal Range	FOAP
Fund Request	Already Budgeted w/ Increase	Non-Budgeted/Permanent	Non-Budgeted/Temporary
Base Pay	\$	\$	\$
Taxes	\$	\$	\$
Benefits	\$	\$	\$
Technology	\$	\$	\$
Office Supplies/Name Tag	\$	\$	\$
Training/Membership	\$	\$	\$
Other _____	\$	\$	\$
Total Request	\$	\$	\$
Notes (attach additional explanation if necessary)			

All requests except reallocations:

\_\_\_\_\_  
Cabinet Member Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Finance Approver Name\_\_\_\_\_  
Finance Approver Signature\_\_\_\_\_  
Date**STEP III: RECRUITMENT INFORMATION**

Eligibility	Posting Duration		
[ ] Internal Only	[ ] 5 days - Internal Only	[ ] 14 days	[ ] Direct Appointment*
[ ] Internal and External	[ ] 7 days	[ ] 30 days	* Requires Cabinet
[ ] N/A – Already Filled	[ ] 10 days	[ ] Other _____	approval
Dept Recruitment Contact	Preferred Temporary Email Box Address	Authorized Email Box Users	
Estimated Starting Pay Range	Include Pay Range in Posting	Affirmative Action Notes	
	[ ] Yes      [ ] No		
Special Posting Requests or Other Notes			

\_\_\_\_\_  
Hiring Manager Name\_\_\_\_\_  
Hiring Manager Signature\_\_\_\_\_  
Date\_\_\_\_\_  
HR Name\_\_\_\_\_  
HR Signature\_\_\_\_\_  
Date

If Direct Appointment:

\_\_\_\_\_  
Cabinet Member Signature\_\_\_\_\_  
Date