Personnel Requisition Form

Miami Dade College

Detailed information on recruiting new employees is in Procedures 2100. Complete, print, sign and forward this form to the DIVISION OF HUMAN RESOURCES, RECRUITING SERVICES DEPARTMENT. For more information contact recruitingsvc@mdc.edu.

* New positions - Please complete a Job Description Questionnaire and submit to the Compensation department at hrcompensation@mdc.edu for review and approval, two weeks prior to posting.

TO BE COMPLETED BY DEPARTMENT: Position Number:

Number of Vacancies: Check One: Full-Time   Part-Time

Job Family: Title/Job Code/Grade:

Reports To:

        (Position Number)   (First and Last Name)

Operating Unit	Fund Code	ICS	Campus/Center	Dept. ID	Budget Ref

Status: Give Dates if Temporary: From: To:

Replacement for: Desired Start Date:
        (First and Last Name)   (EMPL ID#)

Reason for Incumbent Leaving: [Insert Drop Down Menu] Date: If Grant Funded Position/Give CPN #:

HIRING COMMITTEE ACCESS: Primary Hiring Manager:

                                (First and Last Name)   (EMPL ID#)

Secondary Hiring Manager:
(Chairperson)   (First and Last Name)   (EMPL ID#)

Interviewers (Committee Members):

                (First and Last Name)   (EMPL ID#)

(First and Last Name)   (EMPL ID#)   (First and Last Name)   (EMPL ID#)

(First and Last Name)   (EMPL ID#)   (First and Last Name)   (EMPL ID#)

POSTING REQUIREMENTS: **INTERNAL**   **EXTERNAL**

Addition requirement preferences (if applicable):

_____

APPROVALS:

SIGNED: PRINT: Budget Manager Name/Position #/EMPL ID   Date:

_____   _____   _____

APPROVED: PRINTNAME: (Campus/District Head or Dean)   Date:

_____   _____   _____

FOR HUMAN RESOURCES USE ONLY

Pos #: _____   Fund Code: _____   ICS: _____   Job Code: _____

Pay Grade: _____   _____Upgrade _____Downgrade   Position Title: _____

HR Approval: _____   Date: _____

Employment Use: Date Posted: _____   Reposted: _____   Position ID #: _____

Advertising Dates: Printed Media: _____   Websites: _____   Other Publication: _____

FOR BUDGET USE ONLY

Funding Source: _____   Fund: _____   Status: _____Temporary _____Regular

Budget Approval: _____   Date: _____

HR-PERS-REQ