

HIRING DEPARTMENT

Hiring Manager:	Department:
Troy Heinrich	IT
Phone:	Email:
999-999-9999	theinrich@pce-coops.com

A. POSITION INFORMATION

Position Title:	Name of Employee:		
<input type="checkbox"/> New Position	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Regular	<input type="checkbox"/>
<input type="checkbox"/> Existing Position	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary (Intern & Seasonal)	<input type="checkbox"/> Budgeted
Start Date:	End Date:		
Number of Hrs. Per Week:	Name of Employee Being Replaced (if applicable):		

B. POSITION FUNDING

<input type="checkbox"/> Hourly Range(\$):	<input type="checkbox"/> Salary	PTO Deviations:	Bonus % (if applicable):
Current budget:	Additional Information:		

C. POSITION NEEDS

<input type="checkbox"/> Vehicle			
Hardware	<input type="checkbox"/> Laptop <input type="checkbox"/> Desk Phone	<input type="checkbox"/> Dual Monitors <input type="checkbox"/> iPad	<input type="checkbox"/> Webcam <input type="checkbox"/> Cell Phone
Software	<input type="checkbox"/> Merchant Ag <input type="checkbox"/> Energy Force	<input type="checkbox"/> FieldAlytics <input type="checkbox"/> Adobe E-sign	<input type="checkbox"/> FarmMobile <input type="checkbox"/> Email Only OR <input type="checkbox"/> Full MS Office
Name of Existing Employee with Similar Role	<input type="text"/>		
Other items (please provide details):	<input type="text"/>		
NOTE: Failure to provide the above information in a timely manner may result in a delay of 10 or more business days			

D. AUTHORIZATION SIGNATURES

CEO/General Manager:	<input type="text"/>	Date:	<input type="text"/>
Manager:	<input type="text"/>	Date:	<input type="text"/>
Human Resources:	<input type="text"/>	Date:	<input type="text"/>