

HIRING DEPARTMENT

Hiring Manager:	Department:
<input type="text"/>	<input type="text"/>
Phone:	Email:
<input type="text"/>	<input type="text"/>

A. POSITION INFORMATION

Position Title:		Name of Employee:	
<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> New Position	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Regular	<input type="checkbox"/> Budgeted
<input type="checkbox"/> Existing Position	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary (Intern & Seasonal)	<input type="checkbox"/> Non-Budgeted
Start Date:		End Date:	
<input type="text"/>		<input type="text"/>	