Staffing Request Form Reach Dane

Staffing	Position Title		☐ New Position
Request Type	Supervisor:		(Job description must be attached.)
	Location:		□ Position FTE increase
	Program:		□ Replacement
	Job Code:		☐ Position Upgrade/Hour Changes
Type of Position	☐ Regular ☐ Full Yea	ar	☐ Full Time - 32-40 hrs
	☐ Temporary ☐ Part Ye		☐ Part Time - 20-31 hrs
	☐ Casual ☐ Limited	- 10-19 hrs	
	Total Hours Per Week:	FTE: D	esired Start Date:
	If Temporary, Start Date:	E	ind Date:
Work	(include start and end time)		
Schedule	_		ay:
	Tuesday: Friday:		
	Wednesday:	Weeke	ends:
Pay Rates for NEW positions	Wage \$	☐ Hourly OR Sala	ary Exempt OR Nonexempt
HR/FISCAL ONLY	Please Initial:		
ONLI	HR Director	CFO	Exec. Director
Job Acct.	<u>Grant</u> <u>De</u>	<u>epartment</u>	Location GL Account
Code HR/FISCAL			5110
ONLY			
Name of Last	Incumbent:		
Incumbent's Last Day: Incumbent's FTE:			
*Reason for Request: Termination Transfer Promotion (Specify)			
	•		
Requested by:		Da	ate:
	Supervisor/Program M	lanager	
Approved by:		Da	ate:
	Department Director		
Reviewed by: _		Da	ate:
	Human Resources		
Approved by:			ato:
		Da	ate:
	Fiscal/ Executive Manag	Da lement	ate
HR Use Only	Fiscal/ Executive Manag	ement	
HR Use Only New Employee	Fiscal/ Executive Manag	ement	Start Date: Reviewed by HR

^{*}Note: Supervisor completes Employee Change Form and Termination Checklist if applicable.