Human Resources

REQUEST FOR POSITION (FORM 12)

THIS FORM IS TO BE USED PRIOR TO COMMITMENT OF ANY FUNDS FOR PERSONNEL SERVICES, I.E. ANY PAYROLL EXPENDITURES. THIS APPLIES TO TEMPORARY HIRES AND PERMANENT HIRES, DUAL EMPLOYMENT, OR EXTRA COMPENSATION.

Revised 9.15.25

CHECK ONE:	CHECK	ONE:

New Classified (Attach PD if new)

Unclassified (attach 1A) Reappointment

Temporary Replacement

Prior Employee:

PAY BASIS

Dual/Extra Compensation

9 Months 11 Months

10.5 Months 12 Months FOR GRANTS ONLY

List the Following Information:

Lead PI:

Award Type:

Proposal Number:

BUDGET OFFICE ONLY

Salary Expected: **Estimated Fringe:**

Total Amount:

From: To: Human Resources Office Date:

Position Title/Description:

Does this position require a Background Check? Yes No

Person to be hired (if known):

Salary Requested, not including Fringe:

Dates of Employment: to **Hours Per Week Working:**

Note: If response is "No" the action will be Does this require additional Funding: Yes, Amount: covered by requestor's budget!

Additional Funding Source:

PeopleSoft Accounting Information

OPERATING UNIT	DEPARTMENT	FUND	CLASS	ACCOUNT	BUSINESS UNIT	PROJECT	ACTIVITY
Approvals:					Department Head/Chair		
	Signature			Date			
					Dean (Acade	emic Units Only	r)
	Signature			Date			
					Vice/Assistar	nt Chancellor	
	Signature			Date			
					Budget Dire	ctor	
	Signature			Date			
					Chief Financ	cial Officer	
	Signature			Date			
					Grant Accou	ıntant (if applic	able)
	Signature			Date			
					Chancellor		
	Signature			Date			

Approver Comments: