



ATTACH A POSITION DESCRIPTION, ORGANIZATION CHART APPROVED BY HR PRIOR TO START DATE

Part I: HR Status

- ☐ HR consult has occurred
- ☐ HR consult or review required

Part II: Reason for Vacancy

- | | | |
|--|--|------------|
| <input type="checkbox"/> New Position | <input type="checkbox"/> Leave of Absence | Other ** |
| <input type="checkbox"/> Employee Separation | <input type="checkbox"/> Employee Promotion/Reassignment | **Explain: |

Employee Being Replaced (excluding Emergency Hires): Name:

EMPL ID:

Classification:

Skill Level:

Time Base:

Base Salary @ 1.0 FTE:

Part III: Justification

Part IV: Position Information

Desired Starting Date:

Working Title:

Classification:

Job Code:

Skill Level:

Targeted Monthly Hiring Salary:

Department:

Position Number:

of Openings:

Hiring Manager:

Ext:

Requisition Created By:

Ext.

Part V - A: Employment Status

- | | | |
|--|--------|------|
| <input type="checkbox"/> Probationary | | |
| <input type="checkbox"/> Temporary | Start: | End: |
| <input type="checkbox"/> Position may be reappointed | | |
| <input type="checkbox"/> Position may become permanent | | |

Part V - B: Time Base & Work Schedule

- | | | | |
|---|-----------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> AY | <input type="checkbox"/> 10/12* | <input type="checkbox"/> 11/12* |
| <input type="checkbox"/> Part-Time % | *Months Off: | | |
| <input type="checkbox"/> Intermittent/Hourly | Days/Hours of Work: | | |
| <input type="checkbox"/> Alternate Work Schedule: Days/Hours: | | | |

Part VII: Posting/Advertising

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> External Advertising Requested | <input type="checkbox"/> No | <input type="checkbox"/> Yes. Attach proposed copy and indicate |
| <input type="checkbox"/> On-line | <input type="checkbox"/> Publications | <input type="checkbox"/> Professional Associations |

Part VIII: Recruitment Authorization Checklist

- | | |
|---|--|
| <input type="checkbox"/> Position Description | <input type="checkbox"/> Advertising Copy, if applicable |
| <input type="checkbox"/> Organization Chart | |

Part IX: Approvals (Signatures)

Name: _____ Hiring Manager / Department Chair	_____ Signature	_____ Date
Name: _____ Administrator	_____ Signature	_____ Date
Name: _____ Cabinet Officer	_____ Signature	_____ Date
President: _____ Leslie E. Wong (For MPP Positions Only)	_____ Date	

SF State is a Equal Opportunity/Americans with Disabilities Act employer and has a strong commitment to the principles of diversity.