THE UNIVERSITY OF TEXAS OF THE PERMIAN BASIN
Staff Requisition Form

Department:_____ Job Title:_____

Position Title:_____

Hours/Week:_____ Permanent ☐ Temporary ☐

Cost Center Number: __ __ - __ __ __ - __ __ __ Percent Appointment: _____%

Cost Center Number: __ __ - __ __ __ - __ __ __ Percent Appointment: _____%

End Position Date: __ __ / __ __ /__ __ __ _
(If temporary)

Changes to job description: Yes ☐ No ☐ ** Attach changes **

Salary (Refer to Pay Plan): Proposed Minimum Salary: $_____
Proposed Maximum Salary: $_____

Posting: Open: Yes ☐ No ☐ Campus Wide Only: Yes ☐ No ☐ Internal: Yes ☐ No ☐
(Within Department)

New position: Yes ☐ No ☐ Replacement: Yes ☐ No ☐

Reason for Replacement: Voluntary Resignation ☐ Involuntary Resignation ☐ Retired ☐

Replacement for: _____ Last working date: __ __ / __ __ / __ __ __ __

****Attach Job Description ****

_____ _____
Signature/Budget or Department Head **Date**

_____ _____
Vice President (VPBA, VPAA, VPSS) **Date**

_____ _____
President Approval/Signature **Date**

-HR Use Only-	
Date Posted:	*Date Closed:*
Posting #:	

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