



# Department of Human Resources

## Job Requisition Form

Charles R. Drew University  
of Medicine and Science

**Complete and sign this form to request job posting or job funding. Attach the Job Description in Word format, a Departmental Organization Chart and the Hiring Justification and Request to Approve Memo. Submit all documents to [hr@cdrewu.edu](mailto:hr@cdrewu.edu) to begin the approval and recruiting process.**

### DEPARTMENT INFORMATION

Division	Department	Location	Program

### POSITION INFORMATION

Existing Position  New Position

Position Title	Position Code	Grade/Faculty	Salary Range	FLSA Status
Employee Type		Rank	Assignment Dates (if Temporary)	
			Start:	End:
Is this a Replacement?	Previous Incumbent and Title		Salary/Hourly Rate	Vacated Date
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Supervisors Name	Supervisors Job Title		Supervisors E-Mail	Phone/Ext. #

### FUNDING INFORMATION

Account Name	Annualized Amount	Account #	Effort %	Grant Date Range	Amount \$
				Start:      End:	
Account Name	Annualized Amount	Account #	Effort %	Grant Date Range	Amount \$
				Start:      End:	
Account Name	Annualized Amount	Account #	Effort %	Grant Date Range	Amount \$
				Start:      End:	
Account Name	Annualized Amount	Account #	Effort %	Grant Date Range	Amount \$
				Start:      End:	
IBS X (Base)	IBS Y	Hourly Rate	Grant(s) Support?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Amount \$:	<b>For:</b> Relocation <input type="checkbox"/> Computer <input type="checkbox"/> Faculty Professional Development Fund <input type="checkbox"/> Office <input type="checkbox"/> Other <input type="checkbox"/> <b>If Other:</b> _____	

**RECRUITING INFORMATION**

		Proposed Start Date	PA Training Request	Level of Access
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Initiator <input type="checkbox"/> Hiring Manager <input type="checkbox"/>
Coordinating Personnel Contact		Phone # and Extension	E-Mail	PA Access Request
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Hiring Manager		Phone # and Extension	E-Mail	PA Access Request
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Recruitment Type	Posting Duration	Advertising Sources		Advertising Budget
	Start:      End:			
List All Search Committee Members			List All Panel Interview Members	
Special Posting Request				
Supplemental Questions				

**APPROVAL:**

_____	_____	_____
Immediate Supervisor      (Print)	Immediate Supervisor      (Signature)	Date
_____	_____	_____
Dean/Department Head      (Print)	Dean/Department Head      (Signature)	Date
_____	_____	_____
Human Resources      (Print)	Human Resources      (Signature)	Date
_____	_____	_____
OSP Approver      (Print)	OSP Approver      (Signature)	Date
_____	_____	_____
Budget Approval      (Print)	Budget Approval      (Signature)	Date
_____	_____	_____
CBO/Provost      (Print)	CBO/Provost      (Signature)	Date