

MICHIGAN STATE UNIVERSITY
HUMAN RESOURCES STAFFING REQUEST

Request # _____

Analyst _____

DEPARTMENT INFO	Department Name:	MAU/Dept #:
	Official Department Address:	Dual Dept #:
	Compass Staffing Coordinator(s):	MSU NET ID(s):
	Phone #: _____ Ext _____ Fax #: _____	
	Authorized Signature(s) _____	Date _____
	_____	Date _____

ESTABLISH NEW POSITION RECLASSIFY POSITION (complete reverse) POSTING? Y N

FILLING A POSITION	Classification Title:	Union:	Level:
	Position #: _____ Replacing: _____		
	Employee %: _____ % Work Hours: _____ to _____		
	Account(s): # _____ % _____ # _____ % _____ # _____ % _____		
	Work Address/Phone (if different than section 1):		
	Supervisor Name: _____ Supervisor MSUNet ID: _____		
	Supervisor Phone: _____		
	Please check if: Project Tec (CTU) <input type="checkbox"/> Off-Date (AP) <input type="checkbox"/> Position End-Date: _____		
	Flex <input type="checkbox"/> Dates of Annual Flex Leave: _____ to _____		
	Do you desire assistance in meeting affirmative action goals & timetables? Y <input type="checkbox"/> N <input type="checkbox"/>		

IF A PRESELECTION:

Name of Preselected Employee: _____ Proposed Hourly Rate: _____
Service Months: _____ Proposed Starting Date: _____

POSTING TEXT	The requirements and posting text must be supported by the classification description for this job. Please review the description before completing this form. Describe the essential functions of the position and any required licenses/certifications. For purposes of the Americans with Disabilities Act, and Michigan Handicappers Civil Rights Act, it is important that you describe any physical and/or mental requirements essential to the proper performance of this job. Use additional paper if necessary.
	REQUIRED EDUCATION/EXPERIENCE/SKILLS:
	DESIRED EDUCATION/EXPERIENCE/SKILLS:
	JOB SUMMARY:
	Typing: _____ wpm

Check here if the duties of this position involve physically demanding work requiring lifting 50 pounds or more with frequent lifting and/or carrying of objects weighing 25 pounds or more. If so, complete the *PHYSICAL DEMANDS FORM*.
 Check here if the duties of this position will involve exposure to health risks. If so, complete the *EXPOSURE TO HEALTH RISKS FORM*. see www.hr.msu.edu for explanation, forms (*Employment Guide*), and classification descriptions

Posting # _____	Title Code _____	Pay Rate _____	Underutilized _____	University _____
Job Group _____	Posting Date _____	Closing Date _____	Special Assign. _____	Dept _____

TO CLASSIFY

Current Title: _____ Union: _____ Level: _____
 Requested Title: _____ Union: _____ Level: _____
 Incumbent's Name: _____ Position #: _____
 Is the employee on probation or trial period? Y N Desired Effective Date: _____
 Has the employee completed 256 hours in position (CTU only)? Y N Desired New Salary: \$ _____
 Is this a Flex Position? Y N Dates of Annual Flex Leave: _____ to _____

Check here if you want to revise an existing classification. Please attach your recommendation with this form.

Description of Duties

List the approximate percentages of time devoted to performing each duty during the course of the work year. All duties should total 100%. Attach additional paper if necessary.

- 1. _____%
- 2. _____%
- 3. _____%
- 4. _____%
- 5. _____%
- 6. _____%
- 7. _____%
- 8. _____%

If this position has supervisory duties, please provide the following information regarding the regular employees supervised:

<u>Name</u>	<u>Classification</u>	<u>Position #</u>
1.		
2.		
3.		

-HUMAN RESOURCE USE ONLY-

Precon _____ Audit _____
 Union Notified _____

Effective Date _____

Human Resources Signature _____ Date _____