

## PERSONNEL REQUISITION FOR HOURLY EMPLOYEE

## PLEASE COMPLETE AND OBTAIN APPROVAL PRIOR TO HIRE

Name			S#	Employee Type	
Work Location			Position Title		
	Hourly Rate (Estimate for budgeting purpestimate, but should not exc week without prior approval	eed the maximum listed. I	Hours per Week nall be determined by t Maximum hours may r	the supervisor may be les not be greater than 28 ho	s than the urs per
	Start/Effective Date:		End Date:		
	Position Number		Suffix: Completed by HR		
	Fund	Org	Account	Program	%
Supe	ervisor S#	Supervisor	Email		
		АРРІ	ROVALS:		
	Fiscal Delegate				
	Budget				