



MOTT COMMUNITY COLLEGE

Hire Requisition Form

(To be completed by requesting department.)

Title of Open Position _____

Department _____ Division _____

Union/Grade _____ Requested Start Date _____

Full-Time

Part-Time: Number of Hours per Week: _____ Working Hours (From/To): _____

Temporary: Dates (From/To) _____

Grant/Contract: Dates (From/To) _____

Replacement: For Whom _____ Date Leaving _____

Addition

Position Title Change: Previous Title _____

Current/Revised Job Description attached

Cost Center Distribution for Salary:

General Ledger Number(s):	Percentage	Salary Range	Benefit Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Verified by Accounting:	100%	=====	=====
Signature _____	Date _____		

Manager/Dean Signature _____ Date _____

Director/Exec Dean Signature _____ Date _____

Vice President's approval to hire under: Regular TAP Part-Time Funds/Supplemental TAP

Vice President Signature _____ Date _____

**** FOR HUMAN RESOURCES USE ONLY ****

Verification of TAP if box is checked: Verification of TAP Transmit to Staffing Manager

Signature Approval: _____ Date _____
 Chief Human Resources Officer

Position Code (Datatel) _____ Requisition Number _____