



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

# PERSONNEL REQUISITION (PR)

Must print in Black or Blue ink ONLY.

## ACTION REQUESTED - ALL ACTIONS REQUIRE CAO APPROVAL

Note: A manual PR is not necessary if there is an Online PR submitted for the requested action, except for SOC

<b>A</b>	<input type="checkbox"/> 1. SEE ORIGINAL CERTIFICATION (SOC)	<input type="checkbox"/> 2. CHANGE OF APPOINTMENT	<input type="checkbox"/> 3. EXTRA-HELP/RECURRENT APPOINTMENT
	<input type="checkbox"/> 4. PSD - Initiate New Contract	<input type="checkbox"/> 5. VOLUNTARY DEMOTION	<input type="checkbox"/> 6. JOB CHANGE
	<input type="checkbox"/> 7. DUAL APPOINTMENT	<input type="checkbox"/> 8. APPOINTMENT TO ADDITIONAL CONCURRENT POSITION	<input type="checkbox"/> 9. APPOINTMENT – UNCLASSIFIED REGULAR POSITIONS ONLY
	<input type="checkbox"/> 10. UNDERFILL <input type="checkbox"/> Budgetary <input type="checkbox"/> Trainee	<input type="checkbox"/> 11. PUBLIC SERVICE EMPLOYEE	<input type="checkbox"/> 12. Other _____

<b>B</b>	<b>Name of Employee Replaced (Last Name, First Name)</b>	<b>Name of Employee Hired (Last Name, First Name)</b>	<b>Effective Date</b>
	<b>Company</b>	<b>Department / Job Location</b>	<b>Department ID</b>
	<b>Position No.</b>	<b>Budgeted Job Code Title / Job Code</b>	
	<b>Classified Position</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Requested Job Code Title / Job Code (if different from Job Code Title above) – Underfill Agreement Form</b>	

<b>C</b>	<b><u>SEE ORIGINAL CERTIFICATION (SOC)</u></b>	
	<b>Provide information from original certification list:</b> Date of Requisition _____ Requisition # _____	
	<b>Certification Factors, if any: Job Type -</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Recurrent/Extra Help <b>Shift -</b> <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Nights <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends	
<b>Geographic Area:</b> _____		<b>Skills (if any):</b> _____

<b>D</b>	<b><u>DUAL APPOINTMENT CERTIFICATION LIST REQUEST</u></b>	
	<b>Certification Factors: Job Type -</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Recurrent/Extra Help <b>Shift -</b> <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Nights <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends	
	<b>Geographic Area:</b> _____ <b>Skills (if any):</b> _____	
<b><u>DUAL/ADDITIONAL CONCURRENT POSITION APPOINTMENTS</u></b>		
Provide justification or a brief explanation. For dual appointments, include the plan to resolve the dual appointment.		
_____		
_____		

### APPOINTING AUTHORITY – REQUIRED FOR ALL ACTIONS

Appointing Authority or Designee - Print Name: _____	Signature: _____	Date _____
Contact Person regarding Personnel Action: _____	Phone Number (____) _____	

### GROUP/CAO REVIEW - REQUIRED FOR ALL ACTIONS

Finance Analyst: _____	Signature _____	Date _____
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#### Office Use Only

See Procedures to determine form distribution after obtaining all required signatures.

#### EMPLOYMENT DIVISION – HUMAN RESOURCES

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied, comments: _____
Signature _____	Date _____

#### CERTIFICATION

Control Number: _____	Date Received: _____	Date Certified: _____
Comments _____		