

**RECRUITMENT REQUISITION FORM
ASSOCIATED STUDENTS, INC.**

OFFICE OF PERSONNEL & EMPLOYEE RELATIONS

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

TO BE COMPLETED BY SUPERVISOR/DEPARTMENT CHAIR OR DESIGNEE

● VACANT POSITION AND APPOINTMENT INFORMATION

Department: _____
 Classification Title: _____
 Working Title (if different): _____

Is this a newly established position? Yes _____ No _____
 If this is a current or previously filled position give name of
 current/previous incumbent: _____
 Date of separation or, if on leave, return date: _____
 Date position to be filled: _____
 Date position is available: _____

APPOINTMENT STATUS: Probationary Temporary/Acting, give expiration date: _____ Renewable: Yes _____ No _____
 Management Designation

TIME BASE: Full-time. If probationary or management, give annual work schedule: 12 months _____ Academic Year _____
 10 months _____, give months off: _____
 Part-time, give time base: _____
 Intermittent, give average number of hours/week: _____

WORK SCHEDULE:

Fixed schedule, i.e. full-time or part-time, give work days: _____ work hours: _____
 On-call, give anticipated work schedule: _____

● POSITION DESCRIPTION

Attach a copy of the current Request for Classification Review/Position Description Form. A statement of duties will be developed from this information for use in recruitment.

● POSITION QUALIFICATIONS

The posted minimum qualifications will be developed based upon the Classification Specification for this vacancy. However, please indicate below any additional minimum qualifications or job related desirable qualifications which you wish the applicants to possess.

● SPECIAL RECRUITMENT

Recommendations for special recruitment activities are invited. Please list any agencies, associations, or publications where you would like this position listed. Also use this section to request a longer recruitment period by indicating the total number of weeks that recruitment is desired, or by providing a specific application deadline date. Also indicate any special application procedures.

● REQUISITION & SELECTION INFORMATION

Name of contact person for information on this Form: _____ Extension _____
 Name of contact person for selection activities: _____ Extension _____

APPROVALS

Print/Type Name of Supervisor	Signature	Date	Extension
Print/Type Name of Department Head	Signature	Date	Extension
Print/Type Name of A.S. General Manager	Signature	Date	Extension

CLEARANCES

CLASSIFICATION: _____
 Authorized Signature _____ Date _____

COMPARABLE CLASS IF ANY: _____

EMPLOYMENT: _____
 Authorized Signature _____ Date _____