## COLLEGE OF MICRONESIA-FSM

## PERSONNEL REQUISITION

INSTRUCTIONS: The first part of this form should be completed by the supervisor. No action is to be taken before the Vice President authorizes filling this position.

DEPARTMENT:			30	JOB SUPERVISOR		
CAMPUS (if a	f applicable) CO-S		SUPERVISOR (if applicable)		f applicable)	
	CATEGORY  Professional  Managerial	☐ Professional ☐ Faculty			ACCOUNT NUMBER(S) TO BE CHARGED	
□ New Position □ Replacement [Write the name of departed employee below]				POSITIO	ON NEEDED BY	
☐ Housing is budgeted for this position in the division's for FY						
REQUIRED(minimum)			PREFERRED			
APPROVING/CERTIFYING AUTHORITIES						
OFFICE DIRECTOR/CAMPUS DIRECTOR			DATE RECEIVED/SIGNED			
VICE PRESIDENT(VPA/VPSSA/VPCRE/VPIA)			DATE RECEIVED/SIGNED			
COMPTROLLER			DATE RECEIVED/SIGNED			
FOR HUMAN RESOURCES USE ONLY						
GRADE/STEP/SUB-STEP					SALARY RANGE	
OPENING DATE		CLOSING D		IG DATE	1	
□ POSITION IS ELIGIBLE FOR EXTENDED EMPLOYMENT BENEFITS □ POSITION IS <b>NOT</b> ELIGIBLE FOR EXTEND EMPLOYMENT BENEFITS						
	I	DATE R	ECEIVEI	D/SIGNEI	D	
	APPROVI  APPROVI  GRADE/  OPENIN	APPROVING/CERTIFYI  APPROVING/CERTIFYI  APPROVING/CERTIFYI  APPROVING/CERTIFYI  DA  A)  DA  FOR HUMAN RESOUL  GRADE/STEP/SUB-STE  OPENING DATE  DEMPLOYMENT BENEFITS  ND EMPLOYMENT BENEFITS  DEMPLOYMENT BENEFITS  DEMPLOYMENT BENEFITS  DEMPLOYMENT BENEFITS	CATEGORY	CATEGORY Classified Professional Faculty Managerial Exempt Sivision's for FY Description in the division/program [CF of this position in the division/program [CF of this position in the position using activated and the position using activated for this position in the division/program [CF of this position using activated for this position in the division/program [CF of this position using activated for the position using activated for this position using activated for this position using activated for the position using	CATEGORY	