

PERSONNEL REQUISITION FORM

Department: _____ Requisition No.: _____

Position Details:

Job Title: _____

Number of Openings: _____ Full-Time/Part-Time: _____

Employment Type (Permanent/Temporary): _____

Work Location: _____

Job Description:

Please provide a detailed description of the duties and responsibilities associated with this position. Include any special skills, certifications, or experience required for successful performance. Attach additional pages if necessary.

Qualifications and Requirements:

List minimum education, experience, skills, licenses, or other qualifications required. Specify any preferred qualifications that would be advantageous in this role.

Compensation and Budget:

Salary/Hourly Rate Range: _____ USD

Budgeted Position (Yes/No): _____ Position Number (if applicable): _____

Supervision and Reporting:

Immediate Supervisor: _____

Department Head Approval: _____

Reason for Requisition:

Indicate the justification for hiring this position, such as new position, replacement, promotion, temporary coverage, or special project. Include any relevant details that support the need for this requisition.

Recruitment Details:

Recruitment Method (Internal/External/Both): _____

Proposed Posting Duration (weeks): _____

Additional Approvals:

HR Department Approval: _____ Signature: _____

Finance Department Approval: _____ Signature: _____

Executive Management Approval: _____ Signature: _____

Acknowledgment and Certification:

I hereby certify that the information provided above is accurate and complete to the best of my knowledge, and that this requisition complies with applicable policies, procedures, and legal requirements governing personnel requisitions within the United States jurisdiction. I acknowledge that any false statements or omissions may result in disciplinary action.

Requested By:	HR Approval:	Finance Approval:	Executive Approval:
Name: _____	Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____	Title: _____
Date: _____	Date: _____	Date: _____	Date: _____
Signature: _____	Signature: _____	Signature: _____	Signature: _____

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