



ARIZONA WESTERN COLLEGE PART-TIME PERSONNEL REQUISITION

****NO POSITION WILL BE FILLED AND NO COMMITMENT MAY BE MADE TO ANY CURRENT OR PROSPECTIVE EMPLOYEE UNTIL HUMAN RESOURCES NOTIFIES THE SUPERVISOR OF APPROVAL****

TO: Human Resources Office

FROM: _____ DEPARTMENT: _____

Employee Name _____ ID# only: _____

New Employee* Current Employee Work-study/College Payroll* Former-Last employment date: _____

*Do not put Social Security number above

***New Employees and Student Workers (Work-study/College Payroll) require a complete Application of Employment with a valid e-mail address prior to initiating background.**

Documents must be submitted to HR; Incomplete documentation will delay process

HIRE

Estimated start date: ___ / ___ / ___

Contingent upon successful background completion.

ACTUAL start date (completed/approved by HR): ___ / ___ / ___

Grant Funded position: YES NO (Non-grant funded positions will remain open until a Separation Form is submitted)

Grant End Date: ___ / ___ / ___ *** NEW PT REQ** will be needed for new Grant Year.

Position title: _____ **New Position:** YES NO

***Position title MUST match signed and approved Job Description on file.**

Job description **must be** attached

COMPLETE 15-digit budget code: _____

Additional budget code: _____

Additional budget code: _____

Business Services approval: _____ Date: ___ / ___ / ___

*** Bus. Services** approval needed for Grant-Funded positions.

ALL Fields must be completed:

Hours per week: _____

Hourly rate: \$ _____

***See current PT salary schedule**
(hourly must be at least current minimum wage)

CHANGE

Effective Date: ___ / ___ / ___

Budget code FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

Supervisor has reviewed the application and has made the necessary reference checks.

Supervisor verified that the budget code is correct and that funds are available in budget code provided.

_____/_____/_____
Supervisor Signature Date Alternate Supervisor Signature Date

Supervisor Print Name Alternate Supervisor Print Name

_____/_____/_____
College Officer Signature (VP) Date CHRO/HR Coordinator Signature Date

TO BE COMPLETED WITH HR

Applicant has accepted the position and completed all necessary new hire paperwork.

_____/_____/_____
Applicant Signature Date