

DATE REQUESTED	/
EFFECTIVE DATE OF CHANGE	/

Medicine that touches the world. POSITION REQUISITION FORM **Hospital Position Health System Position UAB Highlands Position DEPARTMENT NAME ACCOUNT #** ORGANIZATION # **DISTRIBUTION #** JOB# JOB CODE & JOB TITLE ON BUDGET RECORD I. RECRUIT FOR POSITION APPROVAL REQUIRED Cost Center Mgr Cost Center Dir CEO **CHECK ONE** Yes New Unbudgeted Positions Yes Yes Yes Refill / Reclassify Position Nο Incumbent: Yes Yes No No New Budgeted Position Refill Budgeted Position Incumbent: Yes Yes No TEMP FULL PART 3-12 WEEK **STAFFING IRREGULAR** TIME HOUR **TEMP** svcs TIME **POOL** NUMBER OF **HOURS PER** WEEK SHIFT DEPARTMENTAL REQUIREMENTS NOT INCLUDED ON JOB DESCRIPTION COMPLIANCE WITH UAB'S MINIMUM JOB QUALIFICATIONS IS REQUIRED OF ALL POSITIONS LEVEL OF EDUCATION: **DEGREE MAJOR** YEARS OF RELATED EXPERIENCE: LICENSE(S) OR CERTIFICATION(S): □ NO SKILL REQUIREMENTS: TYPING ☐ YES **WPM** COMPUTER RELATED SKILLS: OTHER DEPARTMENTAL SKILLS: II. CHANGE IN POSITION **DELETE POSITION CHANGE OF TITLE** (Attach memo from Human Resources reclassifying position.) JOB TITLE JOB CODE Organization # FTE Job# Dist # FROM: TO: **III. CONTACT INFORMATION:** TO BE INTERVIEWED BY: **PHONE** OFFICE LOCATION: E-MAIL IV. APPROVALS: SIGNATURE COST CENTER MANAGER DATE SIGNATURE AVP DATE SIGNATURE COST CENTER DIRECTOR DATE SIGNATURE CEO DATE

ORACLE Maintenance Complete RMS/HRM Support Services Use Only: (Date/Initial):

HUMAN RESOURCES USE ONLY: REQUISITION # BR APPROVED TITLE **JOB CODE** SALARY RANGE **PAY GRADE** RECRUITER/PHONE DATE RECEIVED