

NITSÁHÁKEES

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NAVAJO TECHNICAL UNIVERSITY

ESTABLISHED 1979

Doc. 1

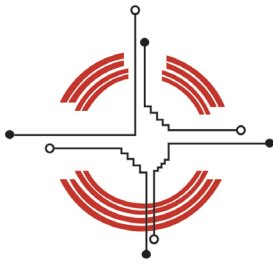
Vacant Position Requisition Form

(Print or Type)

Current Date	Position Title	Requested by Supervisor/Director X
Department	Program/Location	Date Needed
		Department Dean/Director X
New Position?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, name of Vacating Employee and Time in Position:		Reason for vacancy: N/A
Total number of work hours/week <u>40</u> hours per week, including holidays; Subject to the availability of funds.		DURATION OF EMPLOYMENT: Start Date: _____ End Date: _____
POSITION TYPE: <input type="checkbox"/> Administrator <input type="checkbox"/> Temporary Support Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Student Worker <input type="checkbox"/> Staff <input type="checkbox"/> Stipend Payment		PLEASE IDENTIFY WHERE THE OFFICE FOR CANDIDATE WILL BE LOCATED: BUILDING: _____ OFFICE No.: _____
REQUIRED SIGNATURES OF APPROVAL		
1) Budget/Account Verified By: BUDGET MANAGER OR CONTRACTS & GRANTS MANAGER		Account Number _____ Budgeted Salary Amount or Capped Amount: _____
2) H.R. Director's Signature _____ Date _____		3) President's Signature (Approved by): _____ Date _____
HUMAN RESOURCES DEPARTMENT USE ONLY		
Position Number	FLSA Classification	Position/Contract Type FULLTIME: <input type="checkbox"/> FAC 9/10 mos <input type="checkbox"/> GEN 9/10 <input type="checkbox"/> GEN 12 mos TEMPORARY: <input type="checkbox"/> Temporary FT <input type="checkbox"/> Temporary PT
<u>Pay Grade-Step</u>	<u>Minimum</u>	<u>Midpoint</u>
		<u>Maximum</u>
Position Filled By	Start Date	Starting Salary
Human Resources Staff Review/Action		

REQUIRED ATTACHMENTS:

- **Completed Employment Application**
- **Position Description**
- **Justification Memorandum**
- **Funding Budget Narrative**



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CONTINUED...

The following is pertinent information for the **Full Time or Temporary** Employment contract:

Title: _____

Name of Supervisor: _____

Date of Contract: From: _____, To: _____

Duration of employment (wks.): _____ weeks

Weekly work hours: _____ hours

Total Contract hours: _____ hours

Hourly Wage: \$ _____ p/hour

Contract Salary: \$ _____

Fringe Benefits \$ _____

Grand Total: \$ _____

Account Number: _____