LONGWOOD UNIVERSITY

Office of Human Resources

RECRUITMENT REQUEST

Hiring Department

Reason for Opening: ☐ Vacancy Pos. # _____ Supervisor_____ Replacement for: _____
☐ Seasonal – Temporary Hire ☐ New Position Separation Date: _____

Dept. or Academic Discipline: _____ **Title or Proposed Faculty Rank:** _____

Proposed/Budgeted Salary: _____ Projected Start Date: _____

Salary Budget: Code: _____ Line: _____

Advertising Budget Code: _____ Line: _____

Position Type:
☐ Instructional Faculty: ☐ *Tenure-track* ☐ *Non-tenure* ☐ *1 Year Non-tenure*
☐ Adjunct Faculty
☐ Admin/Professional ☐ Miscellaneous: Professional Position without benefits
☐ Classified ☐ Classified - Restricted Funding
☐ Funded Wage-***29 hrs/wk with maximum 1500 hrs/yr*** ☐ Temporary Wage-Hours per week requested: _____
or # of hours pos. will work: _____ ***(minimum 10, maximum 29 hrs per wk for a max of 6 mos. per yr.)***

Vacant Position only:

Has anything changed within this position since it was vacated?
☐ **No**, & I've attached the existing Position Description
☐ **Yes**, and I've revised and attached the Position Description

(Position Description forms available at **http://www.longwood.edu/hr/24381.htm**)

New Position only:

1. List the essential functions of this position _____
2. Describe why the position needs to be filled and the impact of it not being filled _____
3. Complete and attach a Position Description or EWP form (forms available at www.longwood.edu/hr/HMformspubs.htm

Type of Search: ☐ General Public ☐ All State Employees ☐ Longwood (employees only-there must be an adequate pool of applicants)

Do you want to advertise externally? ☐ **No** (LU site only) ☐ **Yes** (If yes, click here to see advertising cost worksheet.

NO RECRUITMENT ☐ (Print worksheet, check all that apply, and attach worksheet to the form)

Estimated Advertising Costs $ _____ Estimated *Non-advertising Recruitment Costs $ _____
*(ex., travel, meals, lodging)

Person making Hiring decision: _____ Extension: _____ Email: _____

Supervisor (if different than above): _____ Extension: _____ Email: _____

Approvals (Required, and must be obtained by Hiring Dept.)

Department Head/Chair/Grant Administrator's: _____ Date: _____

For Academic Searches: Dean's: _____ Date: _____

Area Vice President: _____ Date: _____

Human Resources

Position No. _____ Classification Changes ☐ No ☐ Yes Special Adv Req: _____

Sensitive ☐ Yes ☐ No Economic Interest Statement ☐ Yes ☐ No Emergency Personnel ☐ Yes ☐ No

FLSA Status: ☐ Exempt ☐ Non-exempt Telework: ☐ Yes ☐ No WC Code: _____ Work Mode: _____

Job Title: _____ Pay Band: ___ Role Code: ___ SOC: _____

Class/Comp Approval: _____ Date: _____ EEO: _____ Org Unit Code: _____

PMIS/Reporting

Budget/Grants

Budget Code: _____ Restricted Funding: ☐ No ☐ Yes Budgeted Salary _____

If Yes, funding end date: _____ Salary of Previous Incumbent _____

Est. Salary Savings or Deficit: _____ Leave Payout _____

Comments: _____ Cost of Temp if any _____

Est. Recruitment cost _____

Budget Approval: _____ Date: _____ Est. Avail. Position Funding _____

Grants Manager Approval: _____ Date: _____ Est. New Annual Salary _____

Est. New Semi-Mo. Payments _____

Based on _____ **Start date** **Total Est. Current FY Payments** _____

Revised 11/26/18