



Position Form

Request Number: _____

Date Approved: _____

FORM MUST BE TYPED - HANDWRITTEN FORMS WILL NOT BE ACCEPTED

Requisition Date*: _____

- University Health Shreveport
- University Health Conway
- Hospital Holding Management Company

Position Title: _____

Department: Number _____ Dept Name _____

Hiring Manager: _____ Phone Number: _____

Salaried / Exempt Hourly / Non-Exempt

Number of Hours to Work Per Week _____ Shift _____ FTE _____

Classification: Full-Time (30-40 hrs/wk) Part-Time (20-29 hrs/wk) PRN

Position Type: Replacement New Position ** FTE Increase

Office Computer: Use existing equipment Purchase new equipment

If this is a new position, please indicate if a new computer will be requested or if an existing computer in the department will be used.

If replacement, name of prior employee _____ Term Date _____

If position is temporary, specify dates needed: Begin _____ End _____

Proposed Starting Salary \$ _____ per hour Budgeted Position: Yes No ^

Comments and/or Justification, Implication of Not Filling, and any Measures Taken to Re-engineer the Work:

With this form you must attach the last three (3) pay periods of Labor Productivity Reports. Also provide the last three (3) pay periods of OT hours _____ and OT percent _____

Director _____ Date _____

Print & Sign

President _____ Date _____

Print & Sign

Human Resources _____ Date _____

Print & Sign

* Position requisition expires 90 days from requisition date.

** Job descriptions must be submitted and evaluated by Human Resources before submitting requisitions for new positions or classifications resulting in an upgrade of a position.

^ If position is not budgeted, provide justification of funds to offset any negative variance.