

***PLEASE COMPLETE ALL BOLDED AREAS OF THIS CLASSIFIED VACANCY WORKSHEET**

(HR) Posting # _____ Posting Dates: _____ to _____

Provide **State & Peoplesoft**

RF-1 Required? _____ **HR Approved Date** _____ **Position #** _____

PAF/EAF Required? _____ **HR Approved Date** _____ **Transaction ID #** _____

Title _____ **Replacing** _____

Department _____ **Campus Location** _____

(HR) Pay Grade _____ Salary Range \$ _____ to \$ _____

FULL TIME **PART TIME** _____ **HOURS** **CALENDAR** **ACADEMIC YEAR**

Work Hours: _____ to _____ **Days of week:** _____

_____ to _____ **Days of week:** _____

_____ to _____ **Days of week:** _____

Days Off: **SUN** **MON** **TUES** **WED** **THURS** **FRI** **SAT**

Union: **C94/Local 528** **ESP-URI/NEA** **Non -Union** **UNAP(Nurses)**

Funding: **State** **Grant** **Auxiliary** **Overhead**

State Appropriation PAYROLL ACCOUNT NUMBER _____

*******WOULD YOU LIKE TO REQUIRE A RESUME?** _____ **A COVER LETTER?** _____

*******OPPORTUNITY TO WORK HYBRID REMOTE WORK SCHEDULE?????** YES _____ NO _____

(HR) Civil Service List: **THERE IS / IS NOT / MAY BE A CIVIL SERVICE LIST FOR THIS TITLE**
 MUST HAVE ALREADY APPLIED TO TAKE CIVIL SERVICE EXAM

CHECK ALL THAT APPLY:

- LIMITED DATE OF _____ (FUNDING)**
- LIMITED DATE OF _____ (LTPS) _____ (LWOP)**
- REDUCED WORK YEAR (AUG./SEPT. TO MAY) DATES: _____**
- LICENSE REQUIRED AT TIME OF APPLICATION _____**
- WORK HOURS AND DAYS OFF MAY VARY ACCORDING TO WORK LOAD**
- ONLY STATE EMPLOYEES WHO ARE MEMBERS OF COUNCIL 94 UNION MAY APPLY**
- DINING SERVICES CALENDAR YEAR ONLY positions: WILL BE REQUIRED TO WORK IN OTHER DINING FACILITIES & WORK HOURS WILL BE SUBJECT TO SUMMER REBIDDING PROCESS**
- APPLICANTS MUST PRODUCE A CERTIFICATE OF PROFICIENCY (NOT OLDER THAN 18 MONTHS) FOR 40 WPM AT THE TIME OF APPLICATION**
- 19 HOURS OR LESS: BENEFITS ARE NOT OFFERED WITH THIS POSITION**
- PHYSICAL EXAMINATION REQUIRED**

CONTACT PERSON/SEARCH CHAIR: _____

PHONE NUMBER: _____ **EMAIL:** _____