

HOSPITAL
Washington, DC

EMPLOYEE REQUISITION

Department Name			Dept. #	
Position Title		Job Code #	Grade	Date Needed
Incumbent's Name			Separation Date	
Shift From _____ am _____ pm <input type="checkbox"/> Rotate or To _____ am _____ pm	Days Worked (Circle) M T W T F S S Or <input type="checkbox"/> Variable		B/W Hours	
Position Is (Check or Complete as many as possible) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Modified <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On Call <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> If Temporary Termination Date _____				
Minimum Acceptable Qualifications (Education, Experience, License, Etc.) 				
Remarks (Specifically if duties will be different from those of incumbent) 				
Applicant will be interviewed by			Extension	
Department Director			Date	
Vice President			Date	
Personnel Department	Date Received:	Date Posted:	Date Filled:	Job Description on File: <input type="checkbox"/> YES <input type="checkbox"/> NO