

PTR # _____ PCN # _____

PERSONNEL TRANSACTION REQUEST (PTR) FORM

FE				-51 (F1		/1						
Re	eason for Request: \Box New Position \Box Reclassificat		classificatio	on	🗖 Rej	placement		FTE Incre	ase	□ Other		
As	signed Orgn#:	As	ssigned (Organizati	ion:							
Ap	pointing Departmen	t (faculty only):	·									
Requestor's Name:							Phone#					
Fu	nding Source:											
	Index Fund	Orgn I	Prog	Actv	%		Index	Fund	Orgn	Prog	Actv	%
1						3						
2						4						
Existing	Position # Title:						FTE:					
Exis	Current/Previous Incumbent Name:						Current/Previous Salary:					
New	Title (if applicab	Title (if applicable):					FTE:					
Ž	Salary Range: Salary Group:						Target Start Date:End Date:					
	1. Hires (attach r	esignation lette	er if repla	acement)			2. Cha	inges				
	a) Regular Posi	tion					a) Reclassification					
□ b) Student Payroll						□ b) Temporary Service in Higher Class						
C) Special Payroll (UHP & Management/Confidential)						□ c) Salary Increase						
□ d) Durational (Classified)							□ d) FTE % Change from% to%					
	□ e) Re-Employe	d Retiree (attach	n justifica	ation)			e) Student Continuation (attach student verification)					
□ f) Dual Employment (attach dual form)							□ f) Special Payroll Continuation					
□ g) Other:							□ g) Dual Payroll Continuation					
							h) Durational Continuation					
						i) Re-Employed Retiree Continuation (attach justification)						
For Budget Department Use Only							For Faculty and Grant Funded Positions Only					
□ Budgeted □ Not Budgeted □ Budgeted with Reallocation						Director	r/Department	Head Printe	ed Name			
Budgeted Amount: FTE:												
							Director	r/Department	Head Signa	ture		Date
Approver Printed Name					Dean (SOM/SODM) Signature Date					Date		
	Approver Signature				Date			11 1 22 1	~			
	Required if not st	raight refill					EVP He	ealth Affairs	Signature			Date
	EVP Health Affairs Sig	gnature			Date							

				PTR #	PCN #		
JOB POSTING – The following	; information i	is required to post	a position.				
Organizational Chart Attached		□ Internal Job Dut	ties/Description	Attached			
Position's Direct Report Name/7	itle:						
Position's Time Approver Name	:						
Position's Alternate Time Appro	over Name: _						
Position's Work Phone: Position's Mail Code:							
Position's Work Location: Bu	uilding:	Floor:	Room	:			
Standard Hours: (check one)	□ Classi	fied Full-Time (35	or 37.5 or 40 He	ours/Week)			
	□ Unclas	ssified Full-Time (40 Hours/Week))			
Length of unpaid meal break: (check one)	□ 30 Minutes	(Required Minin	mum) 🗆 60	Minutes		
		□ Other (Spec	cify): Minu	tes			
Work Schedule: (check one)							
□ 7:30 am - 4:00pm		0am – 6:00pm					
□ 8:00am – 4:30pm	\Box 10:00am – 6:30pm						
□ 8:00am – 5:00pm □ 8:30am – 5:00pm		80am – 7:00pm 90am – 7:30pm					
□ 9:00am – 5:30pm		HER (e.g. 12 Hr. Shi	ft, Holiday Cover	age):			
Where Posted: (check one)	□ Inte	rnal	□ Internal &]	External			
Duration of Posting: (check one) 🗆 1 W	eek (or contractual	minimum)	□ 2 Week	🗆 Open Until Filled		
Salary Range: (non-bargaining unit positions)							
Advertising: (Human Resources	will place all a	advertisements.) ch	neck as many as	apply and specify s	ource		
□ Newspaper: □ Professional:							
□ Internet:							
□ Bulletin Boards:		National Meet	ing:				
□ Direct Mail:		□	Conference:				
□ Journal:		C	Institution:				

NOTE: To expedite this process, attach applicable documentation – e.g. Search Request, Dual Employment, Budget Modification/Transfer, Reclassification Memo, etc.

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MANDATORY EDUCATION REQUIREMENTS

		HR Use Only
1. Will this position be involved, in any way, with the conduct or administration of research involving human subjects?	Yes <u>No</u>	RHS
2. Will this position function in supervisory, managerial, and/or lead responsibilities, including faculty?	YesNo	SXH
3. Will this position have potential exposure to human blood, body fluids, or infectious materials?	Yes <u>No</u>	BBP
4. Will this position be involved in laboratory work (potential exposure to hazardous chemicals)?	YesNo	LAB
5. Will this position have potential contact with respiratory isolation?	Yes <u>No</u>	RSP
6. Will this position require CPR Certification?	YesNo	CPR
7. Will this position require use of EPIC?	Yes <u>No</u>	EPC
8. Will this position require Clinical Operations Orientation?	YesNo	соо
9. Will this position require General Nursing Orientation?	YesNo	GNO
10. Will this position care for and/or have access to inmates?	YesNo	MS5
11. Will this position require Safety Starts with Me Orientation?	YesNo	SWM

SCREENING AND INTERVIEWERS

Primary Contact:	Name	Phone:					
	Email:	Room #:	MC#:				
Screening Process: (check one)Individual(s)Search Committee (Attach sheet if necessary)							
Na	ame	Title	Phone Number				

ATTENTION:

- Only Human Resources can make all other employment offers.
- HR will only make employment offers after the Department completes the Candidate Disposition and Selection Form.