Date: _____

Emp Req #: _____

Checklist for Employment Requisitions

This form is required for all SLAC Employment Requisitions. It is completed by Requestor's Planning Office. Reviewer to initial once Section A and B are completed.

ETS:	Cole Carter	_____
Operations:	Gail Fong	_____
	Keith Reynolds	_____
	Denise Tarka	_____
DO:	Laurie Escudero	_____
PPA:	Natalie Cramar	_____
	Regina Franco	_____
	Linda Price	_____

A. Funding Source:

(Please check what the funding source will be and state % if split)

- ☐ Indirect _____ %
- ☐ Linac Ops _____ %
- ☐ PPA _____ %
- ☐ LCLS Constr _____ %
- ☐ Other: (specify) _____ %

In Budget: ☐ Yes ☐ NO

If not in Budget, specify how position will be funded. _____

B. Review and ensure the following information is completed on all Employment Requisitions:

Addition or replacement:

- ☐ Addition (Attach a brief justification)
- ☐ Replacement

Replacing Whom: _____

Term Status:

- ☐ Regular full-time
- ☐ Part-Time — Specify hr/wk _____
- ☐ Temporary — Specify how long _____
- ☐ Fixed Term — Specify term _____

Reason:

- ☐ Project Driven Need
- ☐ Peak work Load
- ☐ Backfill staff
- ☐ Other

If Multiple Hires: ☐ How many? ____

Office Space Needed: ☐ Building Preference? _____

If checked, please send copy to Steve Williams.

Sign Off:

- Requestor _____
- ☐ Requestor's Dept, Div, ALD _____

If Split Funded:

- ☐ Funding Org's Planning Office _____
- ☐ Funding Org's AM/CAM _____
- ☐ Funding Org's ALD _____

Delays in the process are expected if this form is not filled in prior to circulating the requisition

Form updated April 15, 2009 BSD gfong

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