



WESTERN ILLINOIS UNIVERSITY

CIVIL SERVICE PERSONNEL REQUEST FORM

1. APPLICATION is hereby made for the appointment of one \_\_\_\_\_ (indicate Civil Service classification title) in the \_\_\_\_\_ Work Department, salary to be paid from Budget Name and No. \_\_\_\_\_ Position No. \_\_\_\_\_ UCS No. \_\_\_\_\_

2. THIS IS A REQUEST FOR: (Check the appropriate boxes)

Replacement of \_\_\_\_\_ who will: \_\_\_be on paid leave, \_\_\_be on unpaid leave, \_\_\_transfer/promote, \_\_\_retire\*, or \_\_\_terminate employment\* on \_\_\_\_\_. (Attach signed/dated job description)

\*Resignation form must be completed by employee prior to filling vacancy.

New position. (Attach signed/dated job description)

Change in classification while position is vacant to better serve departmental needs. (Attach signed/dated job description)

Change in budget effective \_\_\_\_\_.

Reclassification/reallocation for \_\_\_\_\_ from \_\_\_\_\_ (employee name) (present classification)

Temporary upgrade for \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_ (employee name) (date) (date)

Change in percent of appointment from \_\_\_\_\_% to \_\_\_\_\_% , effective \_\_\_\_\_.

Reassignment from \_\_\_\_\_ to \_\_\_\_\_.

Extra help (not to exceed 900 work hours) for \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_ (employee name, if known) (date) (date)

Other \_\_\_\_\_.

3. THIS EMPLOYMENT WILL BE:

12 months Less than 12 months \_\_\_\_\_ (indicate number of months)

8 a.m. – 4:30 p.m., Mon-Fri Other \_\_\_\_\_ , \_\_\_\_\_ % of appointment

4. POSITION SPECIFICS: Building \_\_\_\_\_ Room \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

WIU on-line campus directory department \_\_\_\_\_ Supervisor of position \_\_\_\_\_

5. REQUEST SUBMITTED BY \_\_\_\_\_ Date \_\_\_\_\_

ROUTE IN THIS ORDER FOR SIGNATURE APPROVALS:

A. Dean /Director \_\_\_\_\_ Date \_\_\_\_\_

B. Supervising Vice President \_\_\_\_\_ Date \_\_\_\_\_

C. President (for new positions only) \_\_\_\_\_ Date \_\_\_\_\_

D. Budget Office \_\_\_\_\_ Date \_\_\_\_\_

E. Human Resources Department: Date received \_\_\_\_\_ Log No. \_\_\_\_\_ TC copied \_\_\_\_\_

1. Employment: Date received \_\_\_\_\_ 2. Classification: Date received \_\_\_\_\_ 3. Examination: Date received \_\_\_\_\_ 4. Employment: Date received \_\_\_\_\_

Date received \_\_\_\_\_ Date received \_\_\_\_\_ Date received \_\_\_\_\_ Date received \_\_\_\_\_

Comment \_\_\_\_\_ Job description date \_\_\_\_\_ Last test date \_\_\_\_\_ Dept contacted \_\_\_\_\_

\_\_\_\_\_ Last audit date \_\_\_\_\_ Close Date \_\_\_\_\_ Freeze date \_\_\_\_\_

RGRM [ ] Class Start [ ]