

Recruitment Request Form

Section A : General Information

Position Title: _____			
New Position	<input checked="" type="checkbox"/>	Existing Position	<input type="checkbox"/>
			Anticipated Start Date: _____
Division: _____		Section: _____	
Title/Name of Position's Supervisor/Manager : _____			
Org Chart Provided:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Job Description Updated <u>and</u> Standardized:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Job Evaluation Completed:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Job Evaluation Results:	CAT I <input type="checkbox"/>	CAT II <input type="checkbox"/>	Level : _____

Section B : Detail Information

Position Status			
Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>
Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
Casual	<input type="checkbox"/>		<input type="checkbox"/>
Estimated Hours per Pay Period : _____			
Start Date for Temporary : _____		End Date for Temporary : _____	

Section C: Recruitment

Language Requirement		
Profile / / /	Bilingual Mandatory initial request <input type="checkbox"/>	
	*Bilingual Non-mandatory if mandatory fails <input type="checkbox"/>	
	*Bilingual Non-mandatory initial request <input type="checkbox"/>	
	*Justification Provided <input type="checkbox"/>	
English mandatory <input type="checkbox"/>	French mandatory <input type="checkbox"/>	English or French mandatory <input type="checkbox"/>

Open To :	Internal Only <input type="checkbox"/>	External <input type="checkbox"/>	Union Only <input type="checkbox"/>
Duration of Posting	5 Days <input type="checkbox"/>	10 Days <input type="checkbox"/>	15 Days <input type="checkbox"/>
Other : _____			
Advertisement Venue			
CFPSS Web <input type="checkbox"/>	Other Website <input type="checkbox"/>	Associations <input type="checkbox"/>	
Newspaper <input type="checkbox"/>	_____	_____	
Applicable Advertising Cost Approved by: _____		Name: _____	
		Title: _____	

Request Made By:	Name: _____
	Signature: _____
	Date: _____
Division Head Approval:	Signature: _____
	Date: _____