



PERSONNEL REQUISITION FORM ALL OTHER APPOINTMENTS

This form is to be used for Clinical Fellow, Courtesy, and Affiliate appointments.

Name of Authorized Requestor: Phone: Date:

Hiring Unit:

Position Information

Type: Anticipated Start Date: End Date:

FTE or Estimated Hours Per Week: Supervisor:

Recommended Appointee Information

Name: OSU ID:

Comments

Clinical Fellows

Email draft position description & recommended appointee's resume/CV to HSBC.HR@oregonstate.edu.

Courtesy/Affiliate

Retain a copy of the position description & recommended appointee's resume/CV at the departmental level.

Funding Information (Not Required for Courtesy/Affiliate)

Proposed Full-Time Annual Salary/Stipend:	Estimated OPE:	Index & Activity Code	% Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

For information regarding calculation of OPE, please visit <http://fa.oregonstate.edu/budget/budget-development-resources> or send an email to BC.HealthSciences@oregonstate.edu.

Approvals

Department Head/Director: _____ Date: _____

Dean: _____ Date: _____

HSBC Budget Authority: _____ Date: _____

Send fully signed form & requested attachments, along with draft PD, to HSBC HR Manager, HSBC.HR@oregonstate.edu.