Health Sciences Business Center

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: ___________

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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.

Rev 07/28/16