

PERSONNEL REQUISITION FORM

WAIVER OF SEARCH (WOS)

This form is to be used for positions for which a waiver of the competitive search process is requested to directly place someone into an unclassified position.

Name of Authorized Requestor:			Phone:	Date:
Hiring Unit: 227000 - Vet Biomedical Sciences				Waiver of Search Criteria and Procedures
Recommended Appoir	ntee Information		L	Waiver of Search FAQs
Reason for WOS request:		Name:		OSU ID:
Position Information				
New or Vacant:				
Justification to create/fill position:				
Anticipated Start Date:	Job Location:			FTE or Appointment %:
End Date (optional):	Appointment Basis:			Will the scheduled hours fluctuate?
Rank/Position Title:		Job Title	(if applicat	ble):
Will incumbent work at an overnig	ght youth camp?			
	ation for Waiver of Sea ded appointee's resun		-	on description, and a copy of the HR@oregonstate.edu.
Funding Information				Inday 9 Activity Code 9/ Solony
Salaried Appointments				Index & Activity Code % Salary
Proposed Full-Time Annual Salary: Estimated OPE:				
Hourly Appointments				
Proposed Hourly Rate:	Estima	ated OPE:		
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: