

### **Recruitment Request Form**

#### **Recruitment Details**

Desired Start Date:	Off-cycle Start Date Eligible Position <sup>1</sup>	
Advertisement Type:	Internal Only Close Date:	
Advertisement Effective Date:	Advertisement Close Date:	
Poerwitment Type		

## Recruitment Type

Replacement for:		Position Code:	
Termination	PAF submitted		
New Position		Approval Date:	
Job Information			

Job Title:	Location:		
Job Type:	Office #:		
Department:	Office confirmed?	Yes	No No
Supervisor:			

#### Schedule

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift:							
On-call Shift:							

Job Description	Approved job description on file:	Yes 🗌 No				
Please provide a job description for the position associated with the	nis Recruitment Request. The job descrip	tion template is located on				
the DBH intranet page under the <u>Approved HR Forms</u> section. Please indicate any additional job duties that are specific to this						
position that are not included in the approved job description in the area below.						

## **Job Description**

Application questions on file: Yes

Yes 🗌 No

Please provide a list of any specific questions to include in the employment application for this opening. Application questions assist to identify qualifications prior to an interview, making the interview process more efficient. 1.

2.

3.

4.

# 5.

## **Recruitment Request Approval**

Requestor	Date	Requestor's Supervisor	Date
Program Director <sup>2</sup>	Date	Clinical Director <sup>3</sup> N/A	Date
ELT Representative	Date	Human Resources Director	Date

<sup>&</sup>lt;sup>1</sup> Off-cycle Start Date Eligible positions require a defined schedule within a 24-hour program.

<sup>&</sup>lt;sup>2</sup> Program Director's signature required if different than Requestor's Supervisor.

<sup>&</sup>lt;sup>3</sup> Clinical Director's signature required for all recruitment requests in all clinical programs.