

PERSONNEL REQUISITION
(Benefit Eligible Position)

Date: _____

Requested by: _____

Position Title: _____

Total Hours in a work week _____

Anticipated start date: _____

Replacement for: _____ Current Wage _____

JUSTIFICATION FOR NEED:

(Briefly describe primary duties and why support is needed. What impact will not filling the position have on the work demands of others?)

NEED & FUNDING APPROVAL: _____

Department Head

_____ **Date**

_____ **Judge Executive**

_____ **Date**