



# REQUEST FOR PERSONAL SERVICES

## University of Illinois at Springfield

**ACTION REQUESTED** Attach signed (by supervisor and division head) position description for all position requests  
 Establish New Position  Delete Position  Replacement

**EMPLOYEE CATEGORY:**  Academic Professional  Civil Service  Extra Help  Student

Position Title \_\_\_\_\_ Incumbent Name \_\_\_\_\_

### Contact Information

Person Submitting Request: \_\_\_\_\_ Request Date: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

### Creating Position Information (Required to Establish a New Position)

Position Number: \_\_\_\_\_ Anticipated % Time: \_\_\_\_\_  
Leave Position Number blank for new positions.  
 Position Begin Date: \_\_\_\_\_ Position End Date: \_\_\_\_\_  
End Date is not required when creating a position. Complete only when position is ended permanently.  
 Status (Active or Inactive): \_\_\_\_\_  
 Type (Single or Pooled): \_\_\_\_\_ Job Location: \_\_\_\_\_  
All Civil Service positions must provide the Civil Service Job Location.  
 Chart of Accounts (COA): \_\_\_\_\_

### Position Class (P-Class)

Position Class Code: \_\_\_\_\_  
 Will this position be less than 50% time AND **not** eligible for benefits? \_\_\_\_\_  
 The standard UIS work schedule of Monday-Friday, 8:30 a.m. – 5:00 p.m. will default in BANNER.  
 If a work schedule override is necessary, please provide work days and hours that are other than the standard schedule.  
 Work schedule: \_\_\_\_\_

### Position Authority / Required Position Descriptor Codes (Answer all questions below)

Does position require Drug Screening? \_\_\_\_\_ Does position have access to funds or include cashiering duties? \_\_\_\_\_  
 Does position require Background Check? \_\_\_\_\_  
 Does position require Physical Agility Testing? \_\_\_\_\_ Does position include supervisory responsibility? \_\_\_\_\_  
If "Yes", supervise 20 or more employees? \_\_\_\_\_  
**To determine if prescreening is required, complete the [Prescreening Questionnaire](#)**  
 Does position have purchase authority? \_\_\_\_\_  
If "Yes", is authority \$5,000.00 or more? \_\_\_\_\_

### Labor Distribution

Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Acct: \_\_\_\_\_ Program: \_\_\_\_\_ Salary Budget: \_\_\_\_\_  
 Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Acct: \_\_\_\_\_ Program: \_\_\_\_\_ Salary Budget: \_\_\_\_\_

### For AEO Office Use Only

Employee Skill Code: \_\_\_\_\_

### APPOINTMENT AUTHORIZATION

1) Fiscal Officer _____	Date _____
2) Dean/Director _____	Date _____
3) Division Head _____	Date _____
4) Affirmative Action/AEO _____	Date _____
5) Chancellor _____	Date _____
6) Provost Office _____	Date _____
7) Human Resource Administrator _____	Date _____

**PLEASE ATTACH A SIGNED JOB DESCRIPTION FORM WITH THIS REQUEST FOR PERSONAL SERVICES**