



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 Academic Hourly Student

Position Title _____ Incumbent Name _____

Contact Information

Person Submitting Request: _____ Request Date: _____
 Contact Phone Number: _____
 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: _____
 Status (Active or Inactive): _____ End Date is not required when creating a position. Complete only when position is ended permanently.
 Type (Single or Pooled): _____ Job Location: _____
 Chart of Accounts (COA): _____ All Civil Service positions must provide the Civil Service Job Location.

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 EEO 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 _____ |
| 6) Human Resource Administrator _____ | Date _____ |

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