

Critical Hiring Request Form

Please use this form to request and justify your department's critical hiring needs. This form must be filled out and signed by the Department or Budget Head and the department's respective Vice President then turned into the Office of Human Resources before approval can be obtained by the Senior Vice President for Business Affairs and the President. Completed forms may be sent to the Office of Human Resources via email to employmentteam@pvamu.edu or delivered to the Harrington Science Building, Room 109. **NOTE:** The department should not take any hiring action on the position until approval has been obtained by the President. Should this request be approved, this form will need to be attached to all related hiring actions for the position (i.e. PV Talent action request, EPA, etc.).

Position Title	Department
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Position Request	
<input type="checkbox"/>	New Position Posting Request
<input type="checkbox"/>	Existing Vacancy Posting Request
<input type="checkbox"/>	Request to Proceed with Selection Process

For the President & Executive Leadership Only			
<input type="checkbox"/>	Approved Priority Hire	Initials	
<input type="checkbox"/>	Non-Priority Hire	Initials	

Position Type	
<input type="checkbox"/>	Budgeted (PIN: _____)
<input type="checkbox"/>	Temporary

To Be Completed by Human Resources Only		
<input type="checkbox"/>	Vacated Date(s)	
<input type="checkbox"/>	Posted Date(s)	
Verified by HR Staff Only		

Cost to Fill the Position	
Salary	
Fringe Benefits	
Total Cost	

Funding Account Information			
Funding Account Number(s) Requested for positions	Account #:		
	Account #:		
<input type="checkbox"/>	Funds are currently available in the funding account number(s) listed above.		
<input type="checkbox"/>	Funds will be transferred into the funding account number(s) listed below		
<input type="checkbox"/>	Source Account #:	Amount:	
<input type="checkbox"/>	Source Account #:	Amount:	

Please describe how filling this position is critical to the mission of the University. Attach additional sheet(s), if necessary.

How will not filling this position have an adverse impact on the university mission? Attach additional sheet(s), if necessary.

Explain why this position's responsibilities cannot be shifted to another member of your staff. Attach additional sheet(s), if necessary.

Department or Budget Head Signature	Print Name	Date

Vice President Signature	Print Name	Date

For Business Affairs and President's Office Only

<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied
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Sr. Vice President for Business Affairs	Date

<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied
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President	Date