

**Instructions**

# Medical College of Georgia

## Employment Request (ER)

*For HR use only*

Req. # \_\_\_\_\_

Posted: \_\_\_\_\_ to \_\_\_\_\_

Positions are posted on Monday, Wednesday and Friday. ER's must be submitted, with all necessary approvals, by 12:00 p.m. to post the following day.

**Position Information**

**Position Title:** \_\_\_\_\_ **Dept Name:** \_\_\_\_\_ **Budget Unit No:** \_\_\_\_\_ **Position Number:** \_\_\_\_\_

**Class Code:** \_\_\_\_\_ **Pay Grade:** \_\_\_\_\_ **Shift:** \_\_\_\_\_ **Work Com. %** \_\_\_\_\_

**Nature of Vacancy:** New Position      Currently Vacant      Replacement      Employee Vacating:

**Date Available:** \_\_\_\_\_

QIC (Qualified Internal Candidate; within hiring department only, classified employees only – posted 3 days internally)

Regular Posting (5 day minimum)

Physical Required (Position requires a high level of physical activity or is located in the hospital)

Drug Screen Required (Position requires working with patients, operating MCG vehicles and/or machinery)

<b>Contact Information (Please Print):</b>	<b>Supervisor/Position Interviewer:</b>
Department Contact: _____	Office Ext: _____ Fax: _____
Campus Room No: _____ Office Ext: _____ Fax: _____	Office Ext: _____ Fax: _____

**Salary Distribution Information**

Base Salary: \$ \_\_\_\_\_ Hourly Monthly Total amount currently funded for this position: \$ \_\_\_\_\_

Fund	Department	Program	Class	Project	Rate	Rounded \$ Amount

<b>Fringes:</b>	
<b>1.0000</b>	

**Signature Authorization**

<b>Person completing form:</b>	<b>Date:</b>	<b>Signature:</b>
<b>Dept Head:</b>	<b>Date:</b>	<b>Signature:</b>
<b>Dean's Office:</b>	<b>Date:</b>	<b>Signature:</b>
<b>Sponsored Accounting:</b>	<b>Date:</b>	<b>Signature:</b>
<b>Budget:</b>	<b>Date:</b>	<b>Signature:</b>