

TALENT REQUISITION

Instructions: Complete this form to fill a position with an approved Position Description (PD)/assessment on file. Answer all questions completely. Missing information may cause delays or a return of the request. Submit completed requests to Human Resources/Recruitment.

Note: New positions with duties identical to an existing position (existing position number requested below) and a valid assessment on file may be generated from this request. The *POSITION PLANNING REQUEST (ODM 00091)* is needed for all other PD/assessment development or update requests. Recruitment will supply this information to the Office of Fiscal & Monitoring Services (FMS) for review of coding and funding approval. Fiscal will, as required, forward the request to the Office of Budget & Management (OBM). Recruitment will begin the hiring and selection process upon receipt of FMS and/or OBM approval. If a posting is required, the Office will be contacted to establish hiring timelines.

Office	Department ID MCD	Contact Person
Bureau	Classification Title	Contact Phone Number
Section	Job Code	Supervisor's Name
Unit	Room/Cubicle Number	Supervisor's Position Number
County	Phone Number for Room/Cubicle	Complete One of the Following Existing Position Number
Work Address of Position	(Check One) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Intermittent <input type="checkbox"/> Established Term <input type="checkbox"/> College Intern <input type="checkbox"/> TWL <input type="checkbox"/> Internal Interim <input type="checkbox"/> External Interim	or Create New Position (Provide an existing Position Number with identical duties)

1. Explain why the above position is essential (justify need).

2. Describe the impact to the agency's operations if the position is not filled.

Unclassified Appointment, Temporary Working Level (TWL), Intermittent, College Intern, External or Internal Interim:

Attach a completed & signed Ohio Civil Service Application if a selection has been made. If a selection is not provided for an unclassified request, recruitment and/or posting options will be discussed.

Name	Requested Start Date
Unclassified Appointment Pay Rate	TWL Ending Date

Comments:

Required Signatures: By signing below, I attest the duties of this position accurately reflect the nature of the work and this request is within the established Office budget.

Bureau Chief	Date
Office Deputy	Date
Assistant Director	Date