

SHRO Transaction Request Form-*Green Sheet*

1. **ADVERTISE:** (Positions are posted to the State's website at no cost. Use remarks section for special instructions.)
 a) TAG Dept (Present State employees of this agency.) Statewide Internal (State employees in all agencies.) Public

Paid recruitment options. (Requires a 503 form.)

- b) Career Builder Newspapers* Other* *List or identify in Remarks.
 c) Closing Date: _____ Ongoing until further notice.

2. **EMPLOYEE TRANSACTIONS:** (Requisition #, if applicable. _____)

- a) Hire Promotion Transfer Demotion
 b) Resignation Dismissal End of Temporary Abandonment
 c) Leave of Absence (Attach Doctor's statement, Military Orders and/or explanation): From: _____ Return: _____
 d) Other (Specify)

3. **POSITION:** (Position description submitted electronically and signed original attached): Yes No

- a) New Position Reclassification Transfer Temporary Upgrade
 b) Funding: Task Group _____ Task Profile: _____ Other (Specify): _____

4. **EFFECTIVE DATE:** (Beginning of pay period may be required) **Estimated** **Actual**

5. **Name:** _____ **Employee ID:** _____

6. **Job Title:** _____ **Position #:** _____ **Supv. Pos#:** _____
- a) **Classified** **Unclassified**
 b) **Regular** **Temporary** w/Benefits **Temporary** no Benefits
 c) **Full-time** **Part-time-%** **999 hours**
 d) **Supervisory** **Confidential** **Union Covered** _____

7. **Division:** _____ **Dept. ID #:** _____ **Work Phone:** _____

8. **Salary Range/Step:** _____ **Salary/Hourly Wage:** _____ **M&T** _____ **Standby (opt):** Yes

9. **Shift:** _____ **Work Schedule:** _____

10. **Clearances Required:** Confidential (CAC ID Only) NACI-Computer Usage
 Secret Top Secret

11. **Pre-employment::** Drug Screen Physical

12. **Remarks:** _____

13. **MUST HAVE SIGNATURE FROM DEPT BUDGET PERSONNEL:** _____

Dept. Budget Approval Signature

Worksite Supervisor/Date

Division/Director/Date

SHR Director/Date