



THE UNIVERSITY OF THE WEST INDIES  
ST. AUGUSTINE  
ADMINISTRATION, TECHNICAL & SERVICE STAFF REQUISITION FORM

Requisition No.: \_\_\_\_\_

ENTER DATES IN THE FORMAT YYYY/MM/DD

**\*PLEASE NOTE THAT THIS REQUEST WILL NOT BE ENTERTAINED UNTIL FORM IS COMPLETELY FILLED.\***

Proposed Appointee:

Department: \_\_\_\_\_ Job Title & Grade: \_\_\_\_\_  
 Status:  Permanent  Temp.  P/Time  F/Time

Supporting Documents Attached:  Application Form  Certified Copies of Documents/Certificates  
 Curriculum Vitae  Job Specification

Proposed Appointee meets requirements on the basis of:  Qualifications  Know how for job

REASON FOR REQUEST

REPLACEMENT FOR: \_\_\_\_\_ (Name of Employee)  
 JOB/TITLE: \_\_\_\_\_  
 LOCATION (DEPARTMENT) OF PERSON BEING REPLACED: \_\_\_\_\_

NEW POST  VACATION LEAVE  NO PAY LEAVE  SICK LEAVE/EXTENDED SICK LEAVE  
 VACANT POST  INCUMBENT ACTING IN HIGHER POST  OTHER (Please specify)

If vacant, has post been advertised?  YES  NO

Other relevant information: \_\_\_\_\_

Effective Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

If extension, state period of appointment immediately preceding this request: \_\_\_\_\_

Funding Source:	<b>Fund</b>	<b>Organisation</b>	<b>Account</b>	<b>Programme</b>

\_\_\_\_\_  
Authorised Signatory for ATSS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Departmental Head/Dean

\_\_\_\_\_  
Date

**For Administration Use Only**

Comments by Budgets: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments by Personnel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Approved by Bursar or Bursar's Nominee

\_\_\_\_\_  
Processed by SAR (Human Resources) or Nominee

\_\_\_\_\_  
Date  
2001/09/05

\_\_\_\_\_  
Date