



UNIVERSITY OF SOUTH ALABAMA
 USA HEALTHCARE MANAGEMENT LLC.
 UNIV OF SOUTH AL HEALTH CARE AUTHORITY
 PERSONNEL REQUISITION

Department: _____ Date: _____

Position Location: Building: _____ Room Number: _____

Position Title: _____ Account No: _____

Budget Position Number: _____ F.T.E.: _____

Regular: _____ Temporary: _____ Full-time: _____ Part-time: _____

Desired Effective Date: _____ If Temporary, Ending Date: _____

Working Hours: _____ Working Days: _____

Please describe briefly the essential functions of the position: _____

Other duties and responsibilities: _____

Please identify the specific minimum qualifications required for the position: _____

Applicants will be interviewed by _____ who is located at
 Building _____ Room Number _____
 and whose telephone no. is _____, and fax no. is _____.

APPROVALS

 Dean, Director or Department Head _____ Date _____

 Vice President, Dean or Administrator _____ Date _____