



NYU DENTISTRY

Office of Human Resources & Faculty Services
137 East 25th Street, NY, NY 10010
212-998-9810 Version 06/21/2021

STUDENT HIRE REQUISITION FORM (For Codes 118, 218, 119 and 219) (FORM 9 version 2021)

MUST BE SUBMITTED EACH SEMESTER

Date received by OHRFS:

Please forward this completed form to the Office of Human Resources and Faculty Services within 30 days prior to hiring a student employee.

HIRING DEPARTMENT INFORMATION

Department	Supervisor	Extension	Date today
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POSITION INFORMATION *(Please check all that apply)*

Chartfield to be charged:

Student Account (Input the appropriate one): Undergrad / DDS student – 51119 , Graduate student – 51219 , Work study – Undergrad / DDS student – 51118 , Work study - Graduate student - 51218	Account	Fund	Org	Program	Project
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Student title:

New Position Replacement If Replacement, Name of Incumbent:

Anticipated Start Date	Anticipated End date	Schedule (e.g. 9AM to 5 PM)
Pay Rate (Hourly)	Hours per week: and # of weeks	Total project Budget (Rate x hrs x wks) \$

Has the Position Been Posted? No Yes - If Yes, when?

Reason Position Is Being Requested:

Primary Responsibilities/Duties:

Do you have a candidate for this position? Please provide name:

REQUIREMENTS

Required Education (Incl Training/Certifications)
Required Experience (Incl amount of years)
Required Knowledge, Skills & Abilities (e.g. software, typing)

BUDGET VERIFICATION

Is budget available for this position? Yes No Are you requesting additional budget for this position? Yes No

HIRING DEPARTMENT INFORMATION

Name of Requestor:	Phone Extension
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AUTHORIZATION

1. Signature of Supervisor	Date:
2. Signature of Department Chair	Date:
3. Signature of Human Resource Officer – Human Resources & Faculty Services	Date:
4. Signature of Fiscal Officer – Finance and Business Operations	Date: