

**UFCC FORM****HUMAN RESOURCES REQUISITION FOR EMPLOYEE RECRUITMENT****Umbrella Family  
and Child Centres  
of Hamilton***Upon completion and approval, please submit to Human Resources***COMPLETED BY EMPLOYEE**

Date of Request:	Location Name:
Supervisor's Name:	Job Title:
<input type="checkbox"/> Addition to Staff	Please provide reason:
<input type="checkbox"/> Replacement	Name of person replacing:
Location on Bus Route?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Full Time (# of hours/week):	<input type="checkbox"/> Part Time (# of hours/week):
<input type="checkbox"/> Supply (# of hours/week):	<input type="checkbox"/> Relief (# of hours/week):
<input type="checkbox"/> Temporary	Start Date:
<input type="checkbox"/> Union	End Date:
<input type="checkbox"/> Non-Union	
Anticipated Start Date:	
Shift Type:	<input type="checkbox"/> Rotational Schedule <input type="checkbox"/> Set Schedule <input type="checkbox"/> Split Shifts

SHIFT SCHEDULE (ex. 10am-6pm or 7am-9am & 2:15pm-5:30pm)	Week 1	Week 2	Week 3	Week 4

Additional Education/Skills Required :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVALS**

Supervisor:	_____	_____	_____
	Print Name	Signature	Date
Manager:	_____	_____	_____
	Print Name	Signature	Date
Human Resources:	_____	_____	_____
	Print Name	Signature	Date

**COMPLETED BY HUMAN RESOURCES**

Posting Date : \_\_\_\_\_

Filled By: \_\_\_\_\_ Hire Date: \_\_\_\_\_

**Last Revision Approved:** September 26, 2019**Date of Next Review:** August, 2020