



CREATIVEBUSINESS
I N N O V A T I O N S

Staffing Requisition Form

Requisition #: _____ Today's Date: _____

Effective Date: _____ to _____ Your Name: _____

Your Job Title: _____ Dept. Name: _____

Date Requested: _____ Hiring Manager /Supervisor Name: _____

- Temp to Full-Time Exempt Shift: _____
- Part-Time Non-exempt Hours: _____

Reason for Permanent Placement or Temporary Staffing

- Replace Terminated Associate Name: _____
- Replace Temporarily Absent Associate Name: _____
- Alleviate Temporary Peak in Work Load Reason: _____
- Other Reason: _____

Job Title & Description

List applicable job title and brief description of job duties:

Approvals

Supervisor: _____ Date: _____

Manager: _____ Date: _____

Human Resources: _____ Date: _____

To be completed by CBI after acceptance of candidate:

Filled By
Applicant: _____ Start Date: _____

**Please complete and email to info@creativebi-llc.com or fax to 614-389-4864.
Call 614-389-4954 with your questions.
A CBI Representative will contact you within 24 – 48 hours of receipt.**