EMPLOYMENT REQUISITION

INSTRUCTIONS:

1. FILL OUT THIS FORM COMPLETELY, ONE FORM FOR EACH PERSON TO BE HIRED.
2. OBTAIN APPROVAL SIGNATURES 1 THROUGH 4.
3. DETACH LAST COPY FOR YOUR RECORDS.
4. FORWARD ALL COPIES, UNDETACHED, TO EMPLOYMENT OFFICE

EMPLOYMENT WILL RETURN DEPARTMENT COPY WITH POSTING DATES AFTER SIGNATURES 5 THROUGH 8 HAVE BEEN OBTAINED

<table>
<thead>
<tr>
<th>DATE</th>
<th>GROUP OR DEPARTMENT</th>
<th>IMMEDIATE SUPERVISOR/PHONE EXT.</th>
<th>POSTING PERIOD (LEAVE BLANK)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRL</td>
<td></td>
<td>MAIL STOP:</td>
<td>BEGINS __________________</td>
</tr>
</tbody>
</table>

MAIL STOP:

BEGINS __________________

ENDS __________________

DATE REQUIRED

PRIMARY INTERVIEWER OR CONTACT PERSON/PHONE EXT. (IF OTHER THAN IMMEDIATE SUPERVISOR)

MAIL STOP:

BEGIN ________________

END ________________

JOBS CLASSIFICATION OR TITLE (SEE CLASSIFICATION AND PAY PLAN) OFFICIAL TITLE (LEAVE BLANK)

REGULAR TEMPORARY UNTIL (DATE) FULL TIME PART TIME SUMMER IF PART TIME, NO. OF HOURS PER WEEK TRANSFER DATE TERMINATION DATE

ADDITION REPLACEMENT FOR (NAME)

SHIFTS

DUTIES: (BE SPECIFIC. LIST MOST FREQUENTLY PERFORMED DUTIES FIRST)

STARTING MONTHLY PAY RANGE

STARTING HOURLY RATE

$ ________________

$ ________________

JOB QUALIFICATIONS: (WORK EXPERIENCE, SKILLS; EDUCATION OR EQUIVALENT BACKGROUND. RELATE TO ORDER OF DUTIES LISTED ABOVE)

1. ORIGINATOR DATE 5. CLASSIFICATION/COMPENSATION DATE

2. GROUP LEADER/DEPARTMENT HEAD DATE 6. EMPLOYMENT DATE

3. ASSOCIATE DIRECTOR/aeq DATE 7. AFFIRMATIVE ACTION DATE

4. BUDGET OFFICER DATE 8. CHECKOFF DATE

FORM M-1 (REV. 8-88) SLAC STOCK No. 75-137-003-30

STANFORD LINEAR ACCELERATOR CENTER