



POSITION REQUISITION FORM

POSITION INFORMATION

JOB TITLE:	SALARY:
DEPARTMENT:	REPORTS TO:
WORK ASSIGNMENT: Is this a temporary assignment? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYEE CLASS (select **one** of the following from the appropriate section)

<u>Faculty:</u> <input type="checkbox"/> FN (9/10 Months) <input type="checkbox"/> FE (11/12 Months) <input type="checkbox"/> *FP (Faculty Part-time)	<u>Monthly Staff:</u> <input type="checkbox"/> E9 (9 Months) <input type="checkbox"/> ET (10 Months) <input type="checkbox"/> EE (11 Months) <input type="checkbox"/> FS (12 Months) <input type="checkbox"/> *PS (Part-time Staff)	<u>Biweekly Staff:</u> <input type="checkbox"/> BF (Biweekly Full Time Staff) <input type="checkbox"/> *BP (Biweekly Part-time Staff)
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*IF PART-TIME, PROVIDE FULL TIME EQUIVALENT (FTE):
 .75 .60 .50 .25 .20 Other _____

JUSTIFICATION OF POSITION

Justification of Position: Letter of justification with funding source information (state or federal funds) and job description is required for all positions. A copy of an award letter is required for all grant funded positions.

ADVERTISING INFORMATION

Effective Opening Date for Posting _____ Closing Date for Posting _____

Type of Recruitment:
 External (Recruitment both within and outside the University)
 Internal (Recruitment within the University only)

POSITION NUMBER INFORMATION

Existing Position Number _____ Title of Existing Position _____
 - Is this a request to repost an existing position? YES NO
 Requesting New Position Number

POSITION ACCOUNT INFORMATION

Funding Source: (Required) If more than one source, list the Primary Account Line first.

	FUND	ORGN	AMOUNT	POSITION #		FUND	ORGN	AMOUNT	POSITION #
1					4				
2					5				
3					6				

Other Information:

DEPARTMENT CONTACT INFORMATION

Contact Person:	Telephone/Ext:
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APPROVALS

Please approve in the order listed below. (Return final approved form to Human Resources)

Department Manager / PI	Date
Budget Manager for the Division	Date
Vice-President of Unit	Date
Title III / Grants & Contracts (as necessary)	Date
Human Resources Director	Date
VP for Finance & Administrative Services	Date
President / IEO	Date

HUMAN RESOURCES OFFICE USE ONLY

JOB GRADE:	EEOC:	SOC:	Employment Status Verified? <input type="checkbox"/> YES <input type="checkbox"/> NO
Exempt Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non Exempt <input type="checkbox"/> Salaried Non Exempt	Job Title Approved? <input type="checkbox"/> YES <input type="checkbox"/> NO		