Position Justification Request Form

The Position Justification Request Form (PJRF) is to be completed and presented at an Executive Staff meeting for approval prior to any personnel actions occurring. The form is to be used for the following requests:

- Creation of a new position, additional budget required;
- Reclassifying an existing position;
- Reclassifying a vacant position;
- In-grade salary adjustments;
- Change in appointment terms;
- Abolishing an existing position;
- Reorganization or department transfer;
- Change in funding source;
- Temporary position continuation.

The PJRF does not replace the Position Control Form (PCF)/Complement Control Form. The PCF is to be completed subsequent to the approval of the PJRF.

Workflow:

1. The Supervisor determines a personnel action is needed due to one of the following:
   a. A need for a new position.
   b. A request for a classification review due to a change in the employee’s job duties or responsibilities. This may prompt a reclassification or in-grade salary adjustment.
   c. A request for a classification review for a position that is vacant or to be soon vacated.
   d. A change in the appointment term. This can be a change in FTE percentage, request for an extension, or a change in employment type (temporary to permanent).
   e. A transfer of a position to another department due to reorganization.
   f. Abolishment of a position.
   g. A change in the funding source for a position.
2. The Supervisor confers with the division leader to ensure the request is within divisional priorities and/or the strategic mission of the University.
3. The Supervisor reviews or develops a formal position description, highlighting any changes to the current job description (as applicable).
4. The Supervisor completes Sections 1, 2, 3a, and 4.
5. The PJRF and the current or revised position description are emailed to the Assistant Director of Human Resources for Classification and Leave.
6. The Assistant Director of Human Resources for Classification and Leave determines the appropriate classification (as applicable) and forwards to the Position Control Agent.
7. The Position Control Agent completes the compensation information in Section 3b (as applicable) based on the classification review and forwards the form to the Supervisor and the divisional leader.
8. The Supervisor obtains approval signatures in Section 5.
9. The divisional leader contacts the Deputy to the President to add this item to the Executive Staff meeting agenda.
10. The divisional leader presents the PJRF at the Executive Staff meeting for discussion. The President completes the bottom section of the form indicating approval or disapproval and signs and dates the form.
11. The Vice President of Administration & Finance returns the original form to the Assistant Director of Human Resources. The original form is maintained in Human Resources. A copy of the form is forwarded to the requesting Vice President and the Assistant Director of Budget & Finance.
12. If approved, the requestor will complete a Position Control Form/Complement Control Form for hiring actions or to proceed with changes to an existing position.

Completing the Position Justification Request Form (PJRF):

The Position Justification Request Form has five sections:

- **Section 1:** Type of Request
- **Section 2:** Appointment Details
- **Section 3a:** Classification
- **Section 3b:** HR Classification Review & Compensation Details
- **Section 4:** Justification/Consideration
- **Section 5:** Recommended to move forward with Position Justification Request

After the five sections are completed, the form must be presented to Executive Staff for action.

**Section 1: Type of Request**

Please check all the boxes which apply to the type of personnel request:

- New Position, Add’l Budget Required;
- Reclassify Existing Position;
- Reclassify Vacant Position;
- Salary Adjustment;
- Change in Appointment Terms;
- Abolish Existing Position;
- Reorganization/Dept Transfer;
- Change of Funding Source;
- Temporary Position Continuation.
Section 2: Appointment Details

- Employment Type: Check the box to indicate if the appointment is permanent or temporary.
- FTE: Check the box to indicate if the position is full-time (37.5 hours per week) or part-time (less than 37.5 hours per week). If the position is part-time, list the workload percentage. If the position is temporary, state the length of the assignment.
- Term: Check the box to indicate the term of the position:
  - 12 months
  - 11 months
  - 10 months
  - 09 months

  If this is an existing position, enter the Current Funds Center Name, Funds Center #, and select the applicable Division from the drop down box.

  If this is an existing position and it involves a reorganization or a change in funding source, enter the new funds center information in the “To Funds Center Name” and “Funds Center #” fields and select the applicable Division from the drop down box.

Section 3a: Classification

Complete the following fields:

- Current Classification/Working Title: Enter information for the current position. (e.g. S180/Assistant Director of Dept);
- Position Number (if applicable): Enter the position number if the request is for an existing position. Contact the Assistant Director of Human Resources-Position Control if you do not know the position number;
- Current Bargaining Unit: Enter the applicable bargaining unit (e.g. APSCUF, AFSCME, SCUPA, Unrepresented, etc.);
- Current/Previous Incumbent (if applicable): Enter the name of current or previous holder;
- Requested By: Enter the name of the person requesting the action;
- Anticipated Effective Date: Enter the anticipated date of the action.

Section 4: Justification/Consideration

When completing the Justification/Consideration section, the requestor should consider the following questions:

- Why is this position critical to the success of the department?
- Is there another employee in the same classification who can perform the critical components of the position?
- Can the responsibilities of the position be streamlined, consolidated, or restructured for optimal efficiency and productivity without creating or reclassifying a position?
• What are the essential components of the position that align with the University mission and the strategic plan of the department/University?
• Identify responsibilities that can be eliminated.
• Is there a vacancy available to transfer to the new position? (if applicable) If yes, please indicate the department.
• Describe the return on investment. i.e. Additional revenue/cost savings generated as a result of creating/filling a position.

Additional comments regarding justification/consideration can be submitted on a separate attachment.

Section 5: Recommended to move forward with Position Justification Request

The Supervisor must obtain signatures from the Department Chair (if applicable), Dean/Director/AVP, and the President/Division Vice President in order to move forward with the position justification request.

Questions about the PJRF process or form can be directed to:

• HR-Position Control Agent – ext. 4039
• HR-Classification and Leave – ext. 4151
• Budget Office – ext. 4029

Updated: 4/9/14