

# Position Justification Request Form



## Section 1: Type of Request (Check all that apply)

- |                                      |                             |                                 |
|--------------------------------------|-----------------------------|---------------------------------|
| New Position, Add'l Budget Required* | Salary Adjustment           | Reorganization/Dept Transfer    |
| Reclassify Existing Position*        | Change in Appointment Terms | Change of Funding Source        |
| Reclassify Vacant Position*          | Abolish Existing Position   | Temporary Position Continuation |
| Vacancy/Replacement*                 |                             |                                 |

\*Attach a finalized position description. Please highlight any new and/or revised duties. Will additional office space be needed? Yes No

## Section 2: Appointment Details

**Employment Type:** Permanent Temporary

**FTE:** Full-Time Part-Time Hrs/Wk, % Change \_\_\_\_\_ Length of assignment: \_\_\_\_\_

**Term:** 12 Months 11 Months 10 Months 9 Months

Current Fund Center Name \_\_\_\_\_ Fund Center # \_\_\_\_\_ Division \_\_\_\_\_

To Fund Center Name \_\_\_\_\_ Fund Center # \_\_\_\_\_ Division \_\_\_\_\_

## Section 3: Classification & Compensation

### Section 3a: Classification

Current Classification/Working Title: \_\_\_\_\_ Position # (required): \_\_\_\_\_

Current Bargaining Unit: \_\_\_\_\_ Current/Previous Incumbent: \_\_\_\_\_

Requested By: \_\_\_\_\_ Anticipated Effective Date: \_\_\_\_\_

### Section 3b: HR Classification Review & Compensation Details - Completed by Human Resources

Human Res. Classification Review: \_\_\_\_\_ Apprvd Classification/Wrkng Title: \_\_\_\_\_

Compensation Detail:						Salary Range:				
A. Current Annual Salary:		B. Proposed Annual Salary:		C. Amount of Increase or Decrease:		D. Percent* of Increase or Decrease:		Hiring Salary Range:		
Current Annual Benefits:		Proposed Annual Benefits:								
								<b>MIN</b>	<b>MAX</b>	

\*Formula to calculate % of Increase or Decrease: C/A=D

## Section 4: Justification/Consideration

## Section 5: Recommended to move forward with Position Justification Request

Department Chair (if applicable): \_\_\_\_\_

Dean/Director/AVP: \_\_\_\_\_

President/Division Vice President: \_\_\_\_\_

### Executive Staff Discussion

**Approved** **Disapproved**

President: \_\_\_\_\_ \_\_\_\_\_ ?

*Signature* *Date*