

Department _____ Contact Person _____

Phone _____ Fax _____ Email Address _____

(Choose one) New Position Replacement for _____

POSITION APPROVALS:

Department Head/Manager _____ Date _____

Dean/Director _____ Date _____

Vice President _____ Date _____

President _____ Date _____

(Choose one from each column)

- FACULTY
- STAFF

- REGULAR
- TEMPORARY
- FIXED TERM

- FULL TIME
- PART TIME
If part time,
_____ hrs/wk

(Check if applicable)
 POSITION DURATION IS
DEPENDENT UPON
EXTERNAL FUNDING

(Choose one for regular employees)

- 12 Month
- 10 Month Weeks: _____ Contract Start Date: _____ Contract End Date: _____
- 9 Month Weeks: _____ Contract Start Date: _____ Contract End Date: _____

(For fixed term and temporary faculty positions)

Name of Proposed Hire: _____

Employment Start Date: _____ Employment End Date: _____

Summary
of Duties:

Position Title: _____ Salary or Hourly Rate: _____

Index/Account Code: _____ Shift (AFSCME/POA only): _____

(Human Resources Use Only)

Tracking Number _____

Name _____

ID # _____

Employee Class _____ FTE _____

Benefit Category _____ Leave Category _____

Pay Rate _____ Step _____

Pay Grade/Level _____ Pos. Class _____

On Payroll Date _____

Off Payroll Date _____

Home Org # _____ Time Sheet Org # _____

Index/Account Code _____

Job Code Reason _____

Position Number _____

Posted Position

Soft Funded

New Hire Current Employee Former Employee

Current Student Employee Former Student Employee

Send Probation cc: Employment

Benefit Orientation cc: Benefits

Supervisor _____

HR Signature _____