

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 \_\_\_\_\_