



# Position Authorization Request Form

Manager/Administrator: \_\_\_\_\_ Extension: \_\_\_\_\_ Date: \_\_\_\_\_

Position's Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

### 1. Position Details:

Position Type:  Administrative  CAST  Classified  Faculty # of Months:  10  11  12

Title: \_\_\_\_\_ Salary Grade: \_\_\_\_\_ Position # \_\_\_\_\_

FTE/%:  Full-time  Part-time = \_\_\_\_\_ % Location: \_\_\_\_\_

Work schedule (list days and hours): \_\_\_\_\_

### 2. Position Action (choose one):

Replacement Position

Incumbent's Name: \_\_\_\_\_ date vacated: \_\_\_\_\_

no changes to the assignment/position details

changes to the assignment/position details as indicated below:

number of months from: \_\_\_\_\_ to \_\_\_\_\_ FTE/% change from: \_\_\_\_\_ to \_\_\_\_\_

other (i.e. dept. change): \_\_\_\_\_

justification: \_\_\_\_\_

funding resources: \_\_\_\_\_

New Position (Existing Classification)

justification: \_\_\_\_\_

funding resources: \_\_\_\_\_

**3. Planning Details:** Part of the Strategic Plan?  Yes  No What goal number(s)? \_\_\_\_\_

Has the program review been completed?  Yes  No

How does the position support the institutional learning outcomes and objectives? \_\_\_\_\_

**4. Salary Account(s):**  Restricted  Unrestricted

Letter	Account	Department	Program	Project/Grant	%

### 5. Approval Signatures:

\_\_\_\_\_  
Manager/Administrator Date

\_\_\_\_\_  
Dean/Director Date

\_\_\_\_\_  
Vice President or President Date

### 6. Budget/Fiscal

Budget Office Initials: \_\_\_\_\_

Position Funded – Send form to Human Resources

Position Not Funded – Return to Manager/Administrator

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Vice President Finance Approval Date

### 7. Final Approval

\_\_\_\_\_  
Human Resources Approval Date