



Position Posting Request / Reclassification Form

Originator: _____ Date Created: _____ Desk Extension: _____

ACTION REQUIRED

HIRING MANAGER: _____ DEPARTMENT: _____

NEW POSITION: ___ YES ___ NO BUDGET TRANSFER: ___ YES ___ NO

CLASSIFICATION/REORG: ___ YES ___ NO STAFF REPLACEMENT: ___ YES ___ NO

I. FOR POSITION POSTING REQUEST ONLY: REQUIRES PRESIDENT APPROVAL

PURPOSE OF POSTING: _____ POSITION TITLE: _____

PRESIDENT SIGNATURE: _____ DATE: _____

II. POSITION INFORMATION

INCUMBENT NAME: _____ T-NUMBER: _____

REPORT TO (T-NO/NAME/POSITION NO): _____

JOB EFFECTIVE DATE: _____ JOB END DATE: _____

JUSTIFICATION: _____

	POSITION TITLE	GRADE	SALARY	POSITION NUMBER	FTE	FLSA
CURRENT						
PROPOSED						

III. POSITION BUDGET AND FUNDING INFORMATION

FUNDING TYPE: ___ STATE ___ LOCAL ___ GRANT ___ TITLE III

	FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	FTE
CURRENT						
OTHER						

APPROVALS

- Dean/ Department Chair/ Director Signature: _____ Date Signed: _____
- VP Officer Signature: _____ Date Signed: _____
- Provost/EVP Signature: _____ Date Signed: _____
- Budget/Grants/Title III Signature: _____ Date Signed: _____
- Human Resources Signature: _____ Date Signed: _____

HR USE ONLY

PROPOSED POSITION CLASS	EMPLOYEE CLASS	SALARY TABLE	SALARY GRADE	STANDARD OCCUPATIONAL CATEGORY