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| Instructions |
| 1. Provide the following information for each new position. Leave no blanks. 2. Based on the type of position, submit the completed form as follows:  * **Hourly Staff** - Submit form to Human Resources. * **Faculty -** Attach form to the Position Authorization Request and submit to Faculty and Academic Resources. * **Student Worker -** Submit form to Human Resources. * **Graduate Student (Academic Affairs)** - Submit form to Faculty and Academic Resources. * **Graduate Student (All other divisions)** - Submit form to Human Resources. |

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| 1. Type of Position:  Faculty  Hourly Staff  Grad Student  Student Worker | | | | | | | | |
| 1. **Effective Date:** | | | | | | | | |
| 1. **Proposed Title:** | | | | | | | | |
| 1. **Organizational Unit Name:** | | | | | | | | |
| **Org Unit Number** (8 digits; expl: 50022294): | | | | | | | | |
| 1. **Job** **Title**  (from the University Pay Plan): | | | | | | | | |
| **Job Code Number** (8 digits; expl: 00007253): | | | | | | | | |
| 1. **Supervisor’s Position #** (To what position will this position report?) : | | | | | | | | |
| **Supervisor’s Position Title: Supervisor’s Name:** | | | | | | | | |
| 1. **PCR** | Will this position be preparing Personal Change Requests (PCR’s) to the org unit?  Yes  No | | | | | | | | |
| 1. **Department Head** | Is this position designated a Department Head?  Yes  No | | | | | | | | |
| 1. **Primary Cost Center Number** (10 digits; expl: 1430200000): | | | | | | | | |
| 1. **Personnel Subarea** (Benefits eligibility requires appointment for a minimum of 20 hrs/wk for at least 4 ½ months per FY.) | | | | | | | | |
| Benefits Eligible Part-Time (20-39 hrs/wk) | | | | Non-Benefits Eligible Part-Time (less than 20 hrs/wk) | | | | |
| Benefits Eligible Full-Time (40 hrs/wk) | | | | Non-Benefits Eligible Part-Time (20-39 hrs/wk) | | | | |
| Graduate Student Benefits Eligible (20-40 hrs/wk) | | | | Non-Benefits Eligible Full-Time (40rs/wk) | | | | |
| 1. **Budgeted Salary/Rate:** $ per (month or hour) | | | | | | | | |
| 1. **Months per year** (for Faculty & Graduate Student Employees only):  Less than 12 months  12 months | | | | | | | | |
| 1. **Cost Distribution** (How is the position being funded?) *\*10 digit number \*\* percentage must total 100* | | | | | | | | |
| **Cost Center \*** | **Internal Order\*** | | **WBS Element\*** | | | **Pct.\*\*** | | **Fund\*** |
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| 1. **Comments/Explanation:** | | | | | | | | |
| 1. **Contact Information for this form:** | | Name: | | | Phone: | | Email: | |