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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\*** |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. **Comments/Explanation:**
 |
| 1. **Contact Information for this form:**
 | Name:  | Phone: | Email: |