POSITION REQUEST AND AUTHORIZATION FORM

Department ______________________________ Date __________________

Title of Vacant Position ______________________________

Please attach the *Position Description for this job.

Position is: Check one: ☐ Full Time ☐ Part time Hours per week:__________

Check one: ☐ Regular Salary pay ☐ Stipend pay

Check one: ☐ Permanent Faculty ☐ Adjunct ☐ Sabbatical replacement

Length of service: ☐ one semester ☐ one year

Check one: New ☐ Replacement ☐ Person being replaced ______________________

Proposed Pay Range: ______________________________

Is the cost of this position already accounted for in the department’s budget? ☐ Yes ☐ No

If not, how will the position be funded? ______________________________

Expected Starting Date ______________________________

Requested by: ______________________________________ Date ______________

1. Vice President’s Signature ______________________________________ Date ______________

2. Treasurer’s Signature ______________________________________ Date ______________

3. President’s Signature ______________________________________ Date ______________

Or representative’s signature ______________________________________ Date ______________

E-mail Form and Position Description in order indicated, if possible.
President’s Office will provide both electronic and printed forms to HR.

Revised 12/07