

Position / Posting Request Form

Submit fully signed form along with completed current position description
and a list of places to advertise to Human Resources.

Job Title: _____ Department Name: _____

Posting Date: _____ Posting Removal Date: _____

Type of Position: _____ New Position: Yes No Is position in current budget? Yes No

Full-time Faculty 9-month ___ 12-month ___

Adjunct 9-month ___ 12-month ___

Full-time Staff

Part-time Staff, No. of hrs./wk. _____

Temporary, ending date _____

If no, how will it be funded? _____

Pay Status: Salaried/Exempt Hourly/Non-exempt

Pay Rate: _____ If salaried, indicate monthly wage. If hourly, indicate hourly wage.

If change, former rate: _____ Note: An increase in the rate of pay requires additional approval.

If replacement, name of previous employee & date of termination: _____

Advertise Externally: Yes No If Yes, where? _____

Contact person to whom resumes should be forwarded/Ext: _____

Supervisor (Interviewer) Name/Ext: _____

Contingent Timesheet Approver: _____

(To be completed by Supervisor)

Position Number: _____ GL Number: _____

Position Number: _____ GL Number: _____

(Use 2nd position line and GL # if position is split between 2 depts.)

Signature Requirements:

Student Worker positions require both the Hiring Supervisor AND his/her Supervisor's signature.

All other positions require the Dean (if applicable) AND the appropriate VP's signature.

Supervisor/Dept. Head/Date: _____ Supervisor/Date: _____

Dean/Date: _____ Department VP/Date: _____

Payroll or Controller/Date: _____

VP Fin. & Admin. /Date: _____