



Position Authorization Request Form

Manager/Administrator: _____ Extension: _____ Date: _____

Position's Supervisor: _____ Department: _____

1. Position Details:

Position Type: Administrative CAST Classified Faculty # of Months: 10 11 12

Title: _____ Salary Grade: _____ Position # _____

FTE/%: Full-time Part-time = _____ % Location: _____

Work schedule (list days and hours): _____

2. Position Action (choose one):

Replacement Position

Incumbent's Name: _____ date vacated: _____

no changes to the assignment/position details

changes to the assignment/position details as indicated below:

number of months from: _____ to _____ FTE/% change from: _____ to _____

other (i.e. dept. change): _____

justification: _____

funding resources: _____

New Position (Existing Classification)

justification: _____

funding resources: _____

3. Planning Details: Part of the Strategic Plan? Yes No What goal number(s)? _____

Has the program review been completed? Yes No

How does the position support the institutional learning outcomes and objectives? _____

4. Salary Account(s): Restricted Unrestricted

Letter	Account	Department	Program	Project/Grant	%

5. Approval Signatures:

Manager/Administrator

Dean/Director

Vice President or President

6. Director HR Validation Initials: _____

7. Budget Manager

Initials: _____

Position Funded – Send form to Human Resources

Position Not Funded – Return to Manager/Administrator

Comments: _____

8. VP Finance Approval _____

9. Director HR Approval _____