

Faculty Position Request / Reclassification Form

Originator: _____ Date Created: _____ Desk Extension: _____

HIRING MANAGER: _____ EMPL ID: _____ DEPARTMENT NAME: _____

NEW POSITION: YES NO RECLASSIFICATION: YES NO

REORGANIZATION: YES NO FUNDING CHANGE: YES NO

I. POSITION INFORMATION

INCUMBENT NAME: _____ EMPL ID: _____ DEPT ID: _____

REPORT TO (POSITION NO): _____ FACULTY CIP CODE: _____

JOB EFFECTIVE DATE: _____ JOB END DATE: _____

	POSITION #	POSITION TITLE	JOB CODE	FLSA	FTE	SALARY	Inactivate ?
CURRENT							Y N
PROPOSED: FA USE ONLY							

II. POSITION BUDGET AND FUNDING INFORMATION

FUNDING TYPE: STATE LOCAL GRANT TITLE III

	SPEED TYPE	FUND CODE	DEPT ID	PROGRAM ID	PROJECT ID	BUDGET ACCT	Funding %
PROPOSED							
PROPOSED							

Dean: By signing below you are acknowledging there is sufficient permanent funding under your authority and/or approved budget initiative to support the full salary and benefits of this request.

APPROVALS

1. Dean/Department Head: _____ Signature: _____ Date: _____
Print Name
2. Faculty Affairs: _____ Signature: _____ Date: _____
Print Name
3. Budget Office: _____ Signature: _____ Date: _____
Print Name
4. Provost/Vice President: _____ Signature: _____ Date: _____
Print Name