

Position Request Form

I. Complete this section

Title of the Position: _____ Date Posted: _____

Check one for Compensation Status:

- Exempt
- Non – exempt

Check one for job hour status

- Full-Time
- Part-Time

What is the salary classification: _____

Recommended starting salary: _____

Benefits Eligibility:

- Health and Life Insurance
- Life Insurance Only
- Pension

II. Job Description

Provide a job posting for distribution by email and placement on the employee bulletin boards describing the position and its' requirements.

III. Justification

Give justification as to why this position is needed by your office at this particular time:

Position is open due to _____

IV. Authorization

Signature of Office Coordinator: _____ Date _____

Signature of Office of Benefits: _____ Date _____

Signature of Office of Human Resources: _____ Date _____

Signature of the Chief Financial Officer: _____ Date _____