

Request for New Position/Change Position Form

Account Name: _____

Account Number: _____

New Position: _____ Yes _____ No If No, Current Position No.: _____

Replacement of existing position(s)? _____ Yes _____ No

Funding Source: _____

ATTACH JOB DESCRIPTION

Title of Position Requested: _____

Justification for New Position or Change: _____

Regular _____ or Temporary _____
(Temporary = Current Year Only)

Part-Time _____ or Full-Time _____

APPROVED:

Account Sponsor Date

Vice President Date Director of Budgets Date

Director of Personnel Date President Date

EEO Code _____ JOB Code _____

Position Number Assigned: _____
UDS Codes:
Manpower Resource _____
Administrative Title _____

**AFTER ALL APPROVALS ARE COMPLETE: Return ORIGINAL to Budget Office
Return COPY to Human Resources**