

REQUEST FOR POSITION ACTION (BOR positions)

PSEUDO NO. _____

REQUESTING COLLEGE, DIVISION/DEPARTMENT, PROGRAM _____**1. TYPE OF ACTION REQUESTED**

<input type="checkbox"/>	a. ESTABLISHMENT OF NEW POSITION	<input type="checkbox"/>	d. FILLING OF POSITION	NTE	_____
<input type="checkbox"/>	b. REDESCRIPTION/RECLASSIFICATION OF POSITION	<input type="checkbox"/>	e. FILLING POSITION TEMPORARILY	NTE	_____
<input type="checkbox"/>	IDENTICAL TO POSITION NO. _____	<input type="checkbox"/>	f. ABOLISH POSITION		
<input type="checkbox"/>	RECLASSIFY (PD attached)	<input type="checkbox"/>	g. FTE (POSITION COUNT)		_____
<input type="checkbox"/>	c. CONTINUATION OF TEMPORARY POSITION NTE _____	<input type="checkbox"/>	h.		

2. TYPE OF POSITION

<input type="checkbox"/>	a. PERMANENT	<input type="checkbox"/>	b. BUDGETED TEMPORARY	_____	NTE	<input type="checkbox"/>	c. UNBUDGETED TEMPORARY	_____	NTE
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3. POSITION NO	4. POSITION TITLE	5. CLASS CODE	6. FUNCTIONAL CODE	7. PAY RANGE	8. BU	9. ISL

10. EAC	11. SUPERVISOR POS#	12. PROJ FILL DATE	13. PROJECTED SALARY

14. ACCOUNT CODE (FROM)	15. PERCENT	14. ACCOUNT CODE (TO)	15. PERCENT

JUSTIFICATION FOR THE ABOVE REQUESTED ACTION (Attach additional sheets if necessary)**Position data verified OHR 1st review**

Position Description is current and accurate:

Funds have been verified:

VC, DEAN, DIRECTOR, OR DESIGNEE _____

DATE _____

FISCAL AUTHORITY _____

DATE _____

16. UOH CODE	17. FTE	18. MOF	19. BD TYPE

FTE and position count have been verified:

CAMPUS BUDGET OFFICE _____

DATE _____

APPROVED

DISAPPROVED

REMARKS:

Essential position to the University's mission:

PRESIDENT, VP, CHANCELLOR _____

DATE _____

OTHER NOTES/COMMENTS