



Position Authorization Request

INSTRUCTIONS:		1. This form should be used to request authorization to fill an existing position, reclassify an existing position, establish a new position or use temporary service funds.		Log #	Item #
		2. See reverse side for detailed directions, codes and required accompanying forms.			
Department		Contact Person (Name and E-Mail Address)		Phone No.	
Funding Source (complete for ALL positions)					
State <input type="checkbox"/> IFR <input type="checkbox"/> DIFR <input type="checkbox"/> RF <input type="checkbox"/>		Account or Grant to Charge	PSR Line Item	New Line Item (if	
1. Fill Existing Position					
Title	Salary Grade/Rank	Proposed Salary	Expected Appt. Date	Obligation / % Effort	
Previous Incumbent (if applicable)		Termination Date	Previous Incumbent Salary		
2. Reclassify Existing Vacant Position (Use Form HRM-3 for Filled Position)					
Current Title	Current Salary	Current Grade / Rank	Obligation / % Effort		
Proposed Title	Proposed Salary	Proposed Grade / Rank	Obligation / % Effort	Proposed Effective	
3. Establish New Position					
Title	Salary Grade / Rank	Proposed Salary	Obligation / % Effort	Expected Appt. Date	
4. Request to Use Temporary Service Funds (State, DIFR, IFR Only)					
Title	Salary Grade / Rank	Estimated Cost	Obligation / % Effort	Expected Appt. Date	
Appointment Duration		Salary Rate (Choose One)			
From _____ To _____		Hourly _____		Semester _____	
		Biweekly _____		Other _____	
5. Classified Service Appointments Information (Complete for Classified Service Appointment ONLY)					
Shift	Hours	Pass Days	Location		
Remarks / Special Instructions					
Approvals					
Supervisor/ Department Head _____		Date _____	Financial Mgmt. & Budget _____		Date _____
Dean/Asst/AssocVP _____		Date _____	Human Resources Mgmt. _____		Date _____
VP/ President _____		Date _____			