

Use this form to request authorization to fill an existing position, reclassify an existing position, establish a new position, or to use temporary service funds.				Log #	Item #
Department		Contact Person (Name and Email Address)		Phone	
FUNDING SOURCE (complete for ALL positions)					
<input type="checkbox"/> State	<input type="checkbox"/> IFR	Account or Grant to Charge	PSR Line Item	New Line (if applicable)	
<input type="checkbox"/> DIFR	<input type="checkbox"/> RF				
1. Fill Existing Position					
Title	Salary Grade/Rank	Proposed Salary	Expected Appointment Date	Obligation / % Effort	
Previous Incumbent (if applicable)			Termination Date	Previous Incumbent Salary	
2. Reclassify Existing Vacant Position (use form HRM-2 after HR approval to reclassify a filled position)					
Current Title	Current Salary	Current Grade/Rank	Obligation / % Effort		
Proposed Title	Proposed Salary	Proposed Grade/Rank	Obligation / % Effort	Proposed Effective Date	
3. Establish New Position					
Title	Salary Grade/Rank	Proposed Salary	Obligation / % Effort	Expected Appointment Date	
4. Request to Use Temporary Service Funds (State, DIFR, IFR Only)					
Title	Salary Grade/Rank	Estimated Cost	Obligation / % Effort	Expected Appointment Date	
Appointment Duration		Salary Rate (Choose One)			
From _____ to _____		<input type="checkbox"/> Hourly _____ <input type="checkbox"/> Biweekly _____ <input type="checkbox"/> Semester _____ <input type="checkbox"/> Other _____			
Classified Service Appointment Information (Complete for Classified Service Appointment ONLY)					
Shift	Hours	Pass Days	Location		
Remarks / Special Instructions					
APPROVALS					
	Name	Signature	Date		
Supervisor/Dept Head:					
Dean/Asst/Assoc VP:					
VP/President:					
Budget:			Human Resources:		