

REQUEST FOR POSITION REVIEW

(Establishment of New Position, Change in Duties, Change In FTE)

To be completed by the requesting department.

Submitted by: _____ Department _____ Date: _____

Position No: _____ Current Classification: _____ Working Title: _____

Date of Last Position Description for this position: _____ Approved by: _____

What options and alternatives have been explored other than changing the position duties?

Summarize specific changes in duties to be assigned to position (use added paper if needed)

Reason for changes to position duties (reorganization, service reductions, staff reductions, etc.)

Describe the program impact if the position remains in its current classification.

Was this discussed or forecast in the budget process? Yes No

Describe the fiscal impact to your department's current biennial budget and how the adjustment will be absorbed / funded / reallocated.

Approved by Department Head: _____ DATE _____

Approved to Proceed with Review: ___ Yes ___ No ___ Desire Additional Information

Provost/Vice President: _____ DATE _____