



Position Request Form

New Position Refill existing position

Date: _____

Job Title: _____

Faculty Full Time Tenure Track Full Time Non-Tenure

Staff Full Time Part Time
 Exempt Non-Exempt

Include Position Information Form (Required for all non-faculty positions)

Line of Coding for Salary: _____

Department: _____

If refill, who is this position replacing? _____

Desired Start Date: _____

Any additional advertising requested?

Additional Comments:

Supervisor Signature _____ Date _____

Cabinet Member Approval Signature _____ Date _____

CFO Approval Signature _____ Date _____