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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position Action Requested | | | | | | | | | | | | | |
| Position Number: | | Click here to enter position number. | | | | | | | | | | | |
| Category: | |  | | | Exempt |  | | | Nonexempt | | | | |
| Action: | | | |  | | | | Update only | | | | | |
|  | | | |  | | | | Establish target hiring range (for Exempt positions) | | | | | |
|  | | | |  | | | | Establish new position | | | | | |
|  | | | |  | | | | Change existing position | | | | | |
| Current Title: Click here to enter title. | | | | | | | | | | Current Title Code: | | Click here to enter title code. | |
| Proposed Title: | | | | Click here to enter title. | | | | | | | | | |
| Proposed pay Range/Band: | | | | Click here to enter pay range/band. | | | | | | | | | |
| Proposed Effective Date: | | | | Click here to select a proposed effective date. | | | | | | | | | |
| FRS: | | | | Click here to enter FRS. | | | | | | | | | |
| FTE: | | | | Click here to enter FTE. | | | | | | | | | |
| UID: | Click here to enter UID. | | | | | | | | | | | | |
| Division | | | College/School | | | | Department | | | | Sub-Unit | | Incumbent |
| Click here to enter division. | | | Click here to enter college/school. | | | | Click here to enter department. | | | | Click here to enter sub-unit. | | Click here to enter incumbent. |

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| Justification for Requesting Change/Review |
| Click here to enter text. |

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| Position Summary/Purpose of Position | | | | | |
| Click here to enter text. | | | | | |
| Is this position a Unit Head? |  | Yes |  | No | How many employees are supervised? Enter number |

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| --- | --- |
| Essential Duties and Responsibilities (*please list no more than five major duties in descending order of importance, describe each major task in a manner that demonstrates complexity*) | % of Time |
| Click here to enter essential duties and responsibilities. | % |
| #2 | % |
| #3 | % |
| #4 | % |
| #5 | % |

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| Minimum Qualifications Required to Perform Work |
| **Education** (*include licenses, certification, etc.*):  Click here to enter education. |
| **Experience:**  Click here to enter experience. |
| **Knowledge, Skills and Abilities:**  Click here to enter knowledge, skills and abilities. |

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| Supervision (attach a simple organization chart) |
| **Supervisory Responsibilities of Position** (name, title, position number of direct reports):  Click here to enter text. |
| **Supervision Received** (Name and title of immediate supervisor):  Click here to enter text. |

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| Physical Demands of Position (*describe the nature of physical activity required and any unusual environmental conditions*) |
| Click here to enter text. |

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| Signatures | | |
| Requestor Name: | Current Title: | |
| Signature | | Date |
|  | | |
| Incumbent Name: | Current Title: | |
| Signature | | Date |

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| --- | --- | --- |
| Reviewed | | |
| Immediate Supervisor Name: | Current Title: | |
| Signature | | Date |
|  | | |
| Chair/Director Name: | Current Title: | |
| Signature | | Date |
|  | | |
| Dean Name: | Current Title: | |
| Signature | | Date |
|  | | |
| Vice President Name: | Current Title: | |
| Signature | | Date |