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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 |