

POSITION AUTHORIZATION REQUEST FORM

Job Title (if known)

Department

Tentative classification of position: Faculty_____ Staff_____ Civil Service_____

Description of Position:

Position is: Permanent___ Temporary___ Seasonal_____

Full-time___ Hourly___ Part-time_____

10 months___ 12 months___ Semester or term_____

If less than full-time, indicate hours per week_____ or Semester_____

Position to be filled by (Date): _____

If replacement, date of vacancy: _____

Proposed salary: _____ **Grade** _____ **Step** _____ **hourly** _____

Justification: _____

Signature of Department Head _____