

POSITION REQUEST FORM

(Not required for research grants and other externally funded positions.)

Note: The Position Request Form is not required for PRC review and does not need to be included in the Essential Staffing Request Application. This form is provided as a tool to collect position review material at the department level only.

Contact Name: _____ Request Date: _____

Department Name: _____ MUD Dept #: _____

Contact Email Address: _____

Position Information

Appointment Type: Regular Temporary

BU/Work Group Affiliation: NP-3 Clerical NP-2 Maintenance NP-5 Protective Services

AAUP UCPEA Unrepresented (Law Faculty, Mgmt, Confidential, Postdoc)

Titles: (Include all applicable, i.e. open rank faculty positions)

Title #1: _____

Title #2: _____

Title #3: _____

Title #4: _____

FRS Account Number 1 _____ % of funding _____

FRS Account Number 2 _____ % of funding _____

FRS Account Number 3 _____ % of funding _____

FRS Account Number 4 _____ % of funding _____

Justification for Appointment (Impact to Department if void not filled)

Check all Applicable Boxes Critical to Health and Safety

Budgeted to ensure delivery of Essential Students Services/University Operations

Budgeted to meet demands of Course Enrollment/Course coverage

Where applicable, the following options have been considered and this request reflects the most appropriate terms and conditions required to meet the needs of the department.

Duties cannot be covered by another employee

Position cannot be filled at a lower classification level

Position cannot be filled as a 9 month or 10 month appointment

Position cannot be filled on a less than full-time basis

Signature

Directory/Department Head: _____ Date: _____

Completed and signed form should be forwarded to Unit Head for submittal to Provost/VP and PRC