

## Staffing Request Form

Date: \_\_\_\_\_ Initiator Name & Phone No. \_\_\_\_\_

Department/Program: \_\_\_\_\_ Name of employee: \_\_\_\_\_

Only if applicable

Electronic Approval Signature: \_\_\_\_\_

Chair/Director/Supervisor

### **Type of request:**

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- Fill a new position

Title of position: \_\_\_\_\_ Position #: \_\_\_\_\_

Need New Position #?    Yes    No                      Recycle Position # \_\_\_\_\_

- Backfill an existing position

Title of position: \_\_\_\_\_ Position #: \_\_\_\_\_

(Include a copy of resignation letter and ePAF/ePAN)

### Reclassification

Current title and grade: \_\_\_\_\_

Proposed title and grade: \_\_\_\_\_

### Career Ladder

Current title: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Proposed title: \_\_\_\_\_ Proposed Grade: \_\_\_\_\_

### In-Range Adjustment

Percent of increase: \_\_\_\_\_

Other (i.e. Re-Org, Temporary/UNMTemp Services, On-Call, Change FTE) Please explain below.

Temporary Position #: \_\_\_\_\_

On-Call Position #: \_\_\_\_\_

Reason for request and how this position will be funded. Please keep to 500 characters or less.

Attach any justification or budgetary memos from Dean if available.

# Funding

Total FTE %: \_\_\_\_\_

Salary Requested: \_\_\_\_\_

				Unrestricted	
Index Code #1: _____	Percentage: _____	I&G	Non-I&G	Yes	No
Index Code #2: _____	Percentage: _____	I&G	Non-I&G	Yes	No
Index Code #3: _____	Percentage: _____	I&G	Non-I&G	Yes	No
Index Code #4: _____	Percentage: _____	I&G	Non-I&G	Yes	No

Dean's Signature \_\_\_\_\_

Approve

Disapprove