

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:

- 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 Postion #: _____

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