

## POSITION JUSTIFICATION REQUEST FORM

The purpose of this form is to provide the organizational justification for:

1) Filling a vacant position, 2) Creating a new position, or 3) Requesting a job classification review

This form must be completed prior to submitting a Recruitment Request form. Once completed, please forward this form and all relevant documents to respective Cabinet Member for approval. An up to date performance program, job posting (including required and preferred qualifications), and department organizational chart must accompany this form.

Proposed Job Title: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Position Reports To: \_\_\_\_\_

Submitted By (name and title): \_\_\_\_\_

### Reason for Request

New Position (title): \_\_\_\_\_

Replacement Position (title): \_\_\_\_\_

a. Date the position vacated: \_\_\_\_\_

b. Employee being replaced: \_\_\_\_\_

c. Reason for vacancy: \_\_\_\_\_

Job Reclassification Request

### Compensation Review (Attach Job Description and Organizational Chart)

1. Has the job description been revised? Yes  No

**(If no, please complete question 2)**

**(If yes, please skip to question 3)**

2. Has the supervisory, budgetary responsibility level or complexity of duties changed for the position?

Yes  No

If yes, please describe.

3. Proposed compensation amount: \_\_\_\_\_

4. Method used to determine compensation amount: \_\_\_\_\_

**Justification for Requested Action**

5. Describe, in as concise a manner as possible, the need for the position?

6. Please include a short summary of how this position assists the institution in achieving its vision, mission and goals.

7. What is the appointment period?

8. How many comparable positions do you have in the department? Please provide all similar titles.

9. Can the duties be performed by any of the following choices?

Consolidate into an existing position? Y  N     Change to part time Y  N

Convert to a 10 month position? Y  N     Redistribute duties to other positions? Y  N

If not, please indicate why the above options are not appropriate.

10. What steps have been taken to avoiding the need for this position? For example, have discussions been had with other Departments/Campuses to utilize existing skillsets and/or “bandwidth” to fulfill the need at lower or no cost.

11. Describe what source of revenue will be utilized to support this position for the current year and beyond.

12. What action have been taken to reduce other costs in the operations of the Department to eliminate/reduce the financial impact of this position?

Please note: Completion of this form does not guarantee that the position request will be approved. This form is subject to review and the requestor will be notified if the request is approved or denied.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved

Denied

Cabinet Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Denied

Provost's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Denied

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Denied

System Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Denied

Budget Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Denied

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If approved (all materials should be submitted to Human Resources to begin recruitment this includes: Job Ad, Performance Program, and Recruitment Authorization Form)

Not approved (see notes below)