



POSITION REQUEST FORM

Budget Year: _____

Department: _____

Direct Supervisor: _____

Job Title: _____

Type of Position: _____

Projected Start date (MM/YY): _____

Term (temporary positions only): _____ (months or weeks)

Hourly Rate or Annual Salary: _____

Weekly hours: _____

Reason for requesting additional position:

What other ways have been tried to complete the work without adding an additional position, i.e.:
cross training, reorganizing duties, changing work flow.



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Briefly list a few of the duties that the position will be responsible for:

Person submitting Position Request Form: _____

Finance/HR Use:

FTE: _____	
Medical/Dental: _____	Salary cost: \$ _____
Pension: _____	Benefit cost: \$ _____
Salary budget code: _____	Benefit budget code: _____
_____	_____
_____	_____
_____	_____