Instructions
a) Provide the following information for each new position. Leave no blanks.
b) Based on the type of position, submit the completed form as follows: • **Faculty -** Attach form to the Position Authorization Request and submit to Faculty Records.   • **Graduate Student (Academic Affairs)** - Submit form to Faculty & Academic Resources.   • **Hourly Staff, Student Worker, and Graduate Student (All other divisions)** - Submit form to Human Resources.

Type of Position: ☐ Faculty ☐ Hourly Staff ☐ Grad Student ☐ Student Worker

Effective Date: _____

Proposed Title: _____

Organizational Unit Name: _____

Org Unit Number (8 digits; expl: 50022294): _____

Job Title (from the University Pay Plan): _____

Job Code Number (8 digits; expl: 00007253): _____

Supervisor's Position # (To what position will this position report?): _____

Supervisor's Position Title: _____

Supervisor's Name: _____

Primary Cost Center Number (10 digits; expl: 1430200000): _____

Personnel Subarea (Benefits eligibility requires appointment for a minimum of 20 hrs/wk for at least 4 ½ months per FY.) Select the options based on the type of position that needs to be created, below.

Faculty & Academic Affairs Graduate Students Only:

☐ Benefits Eligible Part-Time (20-39 hrs/wk)	☐ Non-Benefits Eligible Part-Time (20-39 hrs/wk)
☐ Benefits Eligible Full-Time (40 hrs/wk)	☐ Non-Benefits Eligible Full-Time (40rs/wk)
☐ Graduate Student Benefits Eligible (20-40 hrs/wk)	

Budgeted Salary: $ _____ per month

Months per year (for Faculty & Graduate Student Employees only): ☐ Less than 12 months   ☐ 12 months

Hourly Staff, Student Worker, and Graduate Student (All other divisions) only:

☐ Non-Benefits Eligible Part-Time (less than 20 hrs/wk)	☐ Graduate Student Benefits Eligible (20-40 hrs/wk)

Cost Distribution (How is the position being funded?) *10 digit number   ** percentage must total 100*

Cost Center *	Internal Order*	WBS Element*	Pct.**	Fund*

Comments/Explanation:

Contact Information for this Form	Name: _____	Phone: _____	Email: _____