

DIVISION OF STUDENT AFFAIRS
POSITION/SALARY STAFF GROUP REQUEST FORM

Department	
Position Title:	
Position Number:	

Percentage	Cost Center	Fund	IO

Current Salary:	
New Salary Amount Request:	
Use of Staff Group Item needed to meet salary requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>

Justification:

APPROVALS

Supervisor: _____ Date: _____

Director: _____ Date: _____

AVP (if appropriate): _____ Date: _____

VPSA Final Approval: _____ Date: _____