**To Be Completed By Requesting Department**

**REASON FOR POSITION REQUEST** *Work Location (if Other than Holy Cross\*):*      Date of Request:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Request: | [ ]  New or Temp  |  [ ]  [ ] Transfer |  [ ]  Title Change | [x]  Promotion, Re-class, Level/Grade Change | [ ]  Other (list):       |
| *If Wage Adjustment:* | [ ]  Market Adjustment | [ ]  Work Schedule Change | [ ]  Promotion, Re-class, Level/Grade Change  | [ ]  Other (list):       |

**NEW POSITION REQUESTED or CURRENT POSITION TO BE CHANGED:**

|  |  |  |  |
| --- | --- | --- | --- |
| Department Name: |       | Non-Exempt:  *Attach Job Description* |       |
| Department Number:  |       | Exempt:  *Attach Job Description* | x |
| Position Title:  |        PN:       | Incumbent: |       |
| Reports to: |        PN:       | Employee ID: |       |
| Hours:  | 40 | Weeks: |       | Months: | 12 | Full-time: | x | Part-time: |       |
| Total budget amount: $       |
|  |
| **1- EXPLANATION of REQUESTED CHANGE:** Include any other courses of action that have been explored, such as realignment of duties, part-time help, etc. If this is an existing position(s) list, the **“From and To information”**. If this is similar to an existing position, provide the title and incumbent of that position: |
|       |
| **2-BUDGETARY IMPACT**: Define the source of funding for any increases in compensation. Explain any budgetary impact of this request (i.e. salary, furniture, supplies, equipment, staffing, etc.):  |
|       |
| **3-FURNITURE/EQUIPMENT NEEDS(**New positions only)**:**  |
| N/A |

**Approval for Department Requesting Review:**

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|       |  |       |
| **Department Head** |  | **Division Head** |
|  |       |  |  |       |
|  | **Date** |  |  | **Date** |

|  |
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| PROPOSED POSITION: To Be Completed By Human Resources |
| Effective Date: |       |  | Pay Group: |      |
| Job Code: |       |  | Regular/Temporary: |       |
| Salary: |       |  | Classified Indicator: |       |
| Plan/Grade: |       |  |  |  |
| Official Long Title: |       |
| Reports To: |       |
| Position #: |       | Title: |       |
| Reports To Structure Impact(list PN#, title(s), name(s)):       |  |

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| **Human Resources Recommendations(include new grade here, minimum and first quartile):** |
|       |
|  |       |  |  |       |  |
| Chief Human Resources Officer |  | Sen. Assoc. Director HR/OD |
|  |       |  |  |       |  |
|  | Date |  |  | Date |  |

|  |
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| **Vice Presidential Approval:** |
|  |       |  |       |  |
| Vice President for Administration and Finance |  | Date |
|  |  |  |

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| **Budget Approval:** |
| Source of Funding: |       |
|  |  |  |
| Position Number: |       | Effective Date: |       | Approved Budget: |       |
| Budgeted FTE: |       | Account Code: |       |
|  |  |  |       |
|  | *Associate Director for Budgets* |  | *Date* |
|  |       |  |       |
| *Director of Finance & Assistant Treasurer* |  | *Date* |