**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 | [ ]  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* |       |
| Position Title:  |        PN:       | Incumbent: |       |
| Reports to: |        PN:       | Employee ID: |       |
| Hours:  |       | Weeks: |       | Months: |       | Full-time: |       | 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)**:**  |
|       |

**Approval for Department Requesting Review:**

|  |  |  |
| --- | --- | --- |
|       |  |       |
| **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:** |
|       |
|  |       |  |  |       |  |
| Director, Human Resources |  | 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* |