

POSITION AUTHORIZATION FORM

SECTION A - DESCRIPTION

1. Position Title _____

2. Department _____

3. Type of Position (select one from each category)

A. permanent

temporary

term (from ___ to ___)

B. new

replacement for _____

promotion/reclassification

C. 10 months

12 months

other (_____)

D. full-time (____ hrs/wk)

part-time (____ hrs/wk)

4. Start date _____ End date _____

5. Funding Source Account # _____

6. Submitted by: Supervisor _____ Date _____

SECTION B - CLASSIFICATION

1. Classification and Compensation

Bargaining Unit Position

\$ _____/hr

Hourly Position

\$ _____/hr H-____

Salaried Position

\$ _____/yr S-____ (Range) _____ to _____

2. Reviewed by: Personnel Director _____ Date _____

SECTION C - BUDGET

1. VP/Dean _____ Date _____

2. VP Finance _____ Date _____

3. President _____ Date _____