

# New Position Request Form

## Contact Information

Requester:           Click here to enter Name.  
 Title:               Click here to enter Title.  
 Phone Number:      Click here to enter Phone Number.  
 E-Mail:             Click here to enter E-mail.  
 Date Requested:    Click here to enter a date.

## Position Information

Staff Position Title:   Choose an item.  
 Faculty Rank Title:   Choose title for **Faculty** only.

Is the purpose of this request to refill or reclassify a position as a result of a VERP vacancy?  
 Choose an item. If yes, please explain. [Click here to enter text.](#)

If Express Classified, name and Banner ID of one other incumbent (or if vacant, previous incumbent) in same position title within your department: [Click here to enter text.](#)

Position type:               Single       Pooled  
 Position status:           Full-time   Part-time   Temporary   Student  
 Time Reporting Method:   Web           Time clock   Departmental  
 Position requires an EPAF: Yes           No  
 UMG Faculty position:   Yes           No  
 Timekeeping Location:    Enter Dept. #.  
 Organization:             Enter Dept. #.                           Position Reports to: Enter position #  
 Position Budget:         Enter budget.

Fund	Account	Organization	Percent

## **Completed by HR Compensation:**

PAB #:               \_\_\_\_\_ (For new staff positions only)  
 Position Number:    \_\_\_\_\_  
 Salary Grade:       \_\_\_\_\_  
 Exempt/Non-Exempt: \_\_\_\_\_  
 Employee Class:     \_\_\_\_\_  
 Position Class Code: \_\_\_\_\_  
 Salary Table:       \_\_\_\_\_  
 Extra Notes:         \_\_\_\_\_

**Position Labor Distribution**