

Administrative Position Review Request

Employee Type: TEAMS ☐ OPS (0.75 FTE and above) ☐
Position Number (if applicable): _____
Position Action: New ☐ Replacement ☐ Reclassification ☐
Department ID: _____ Salary: _____
Position Working Title: _____

Organizational Structure

I affirm I have attached the following: Organizational Chart ☐ Position Description ☐

Justification

Describe the business needs for this position and alternative options you would consider if approval to fill the position is not granted. Please include any shared responsibilities within the department or college.

Provide relevant workforce metrics for the position, including transaction types, volume, and associated timeframes (i.e., daily, monthly, yearly).

Approval

The undersigned certify the accuracy of all information herein and approve this action.

Submitter **Date**

Chair/Director **Date**

College/VP Area HR Liaison **Date**