



University of North Dakota

New Position Request

POSITION REQUEST/CHANGE



DEPARTMENT NAME		DEPARTMENT NUMBER	LOCATION CODE (BUILDING NAME)				
SUPERVISOR'S NAME		SUPERVISOR'S POSITION NUMBER	OCCUPANCY				
REGULAR/TEMPORARY STATUS		FULL/PART TIME	ACADEMIC RANK		TERM		
STANDARD HOURS PER WEEK	MON	TUE	WED	THU	FRI	SAT	SUN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COMPENSATION FREQUENCY	BUSINESS TITLE (Functional title)				ESTIMATED BASE SALARY (DO NOT INCLUDE FRINGES)		
LIST DETAIL WHY AND WHEN THIS POSITION IS NEEDED				PROVIDE DETAIL ON HOW THIS NEW POSITION WILL BE FUNDED (Include Fund, Dept and Position # if applicable)			
PROVIDE BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES FOR CORRECT JOB FAMILY PLACEMENT (For Graduate Assistant and Pooled positions only)							

Position Data Change

DEPARTMENT NAME		DEPARTMENT ID #	POSITION NUMBER	CURRENT INCUMBENT
CHANGE:	FROM:	TO:	EFFECTIVE DATE:	
A. Reg/Temp Status	_____	_____	_____	
B. Full/Part time Status	_____	_____	_____	
C. Business (Functional) Title	_____	_____	_____	
D. Department ID #	_____	_____	_____	
E. Department Name	_____	_____	_____	
F. Reports To Name	_____	_____	_____	
<small>**For Reports To changes, please either use the Additional Information box or attach a list with the names and empl ID of all employees that the above change will affect.</small>				
G. Reports To Posn #	_____	_____	_____	
H. Standard Hours	_____	_____	_____	
I. Occupancy	_____	_____	_____	
J. Academic Rank	_____	_____	_____	
K. Term	_____	_____	_____	
L. Contract Dates	_____	_____	_____	
M. Other	_____	_____	_____	
ADDITIONAL INFORMATION				

Departmental Approval(s)

(Only a department head signature is needed for non-benefited new position requests and position data changes.)

_____ Signature of Department Head	_____ Date	_____ Signature of Dean's Office	_____ Date
_____ Dept. Contact Name	_____ Phone:	_____ Stop #	_____ Signature of Vice President or Designated Official
		_____ Date	

FOR HR USE ONLY					
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	SALARY PLAN	GRADE	JOB CODE	POSITION NUMBER ASSIGNED
_____ Effective Date		_____ Signature of Human Resources Approval			_____ Date