



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	
<b>CHANGE:</b>	FROM:	TO:	EFFECTIVE DATE:				
A. Reg/Temp Status	<input type="text"/>	<input type="text"/>	<input type="text"/>				
B. Full/Part time Status	<input type="text"/>	<input type="text"/>	<input type="text"/>				
C. Business (Functional) Title	<input type="text"/>	<input type="text"/>	<input type="text"/>				
D. Department ID #	<input type="text"/>	<input type="text"/>	<input type="text"/>				
E. Department Name	<input type="text"/>	<input type="text"/>	<input type="text"/>				
F. Reports To Name	<input type="text"/>	<input type="text"/>	<input type="text"/>				
G. Reports To Posn #	<input type="text"/>	<input type="text"/>	<input type="text"/>				
H. Standard Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>				
I. Occupancy	<input type="text"/>	<input type="text"/>	<input type="text"/>				
J. Academic Rank	<input type="text"/>	<input type="text"/>	<input type="text"/>				
K. Term	<input type="text"/>	<input type="text"/>	<input type="text"/>				
L. Contract Dates	<input type="text"/>	<input type="text"/>	<input type="text"/>				
M. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>				
ADDITIONAL INFORMATION *Please indicate in comments if this is a pool position.							

## Departmental Approval(s)

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

<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Signature of Department Head		Date		Signature of Dean's Office		Date	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
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
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Effective Date		Signature of Human Resources Approval		Date	