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| **Faculty/Staff Position/Reclassification Review Request** |
| This request form applies to all faculty and staff positions, regardless of funding source, including any proposed temporary hires.  **In order to be considered for approval**:   * The request must provide evidence-based justification for the position. * The request must specifically indicate how the position will be funded (accurate accounting information is required. * The request must specifically identify a designated space/campus address for the new employee. * The request must confirm the understanding and intent that the position as requested will remain in its classification/title for at least one year unless approved by the dean/director/VP.   *Nothing in these guidelines shall be construed as superseding the provisions of the relevant Collective Bargaining Agreement.*  When this form is completed, vetted, and has received approval of concept from your area’s VP, each VP’s Budget Manager will review and email all Position Request forms to Peggy Boyle at [boylep@wcsu.edu](mailto:boylep@wcsu.edu), by End of Day Thursday for timely consideration by the Position Review Committee (PRC) the following Tuesday. HR will consolidate all position requests on the summary document and email the summary with all supporting documents to the PRC on Mondays.  The Position Review Committee meets each Tuesday and results of requests will be communicated back to each VP’s Budget Manager upon approval by Human Resources. |

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| **Job Details** | | |
| Position Title |  | |
| Position Rank |  | |
| Appointment Type (i.e.: Permanent, Temporary, Tenure-Track, Special Appointment, or Part-Time) |  | |
| Department |  | |
| Reports To (Name and Title) |  | |
| Work Schedule/Hours per Week |  | |
| Full-Time Equivalent (FTE) (1.0=FT .47=PT) | FTE: | # of Months: |
| If Temporary - Length of Appointment |  | |
| Bargaining Unit/Group |  | |
| Position Number |  | |
| New, Replacement or Reclassification |  | |
| * If Replacement- Incumbent’s Name |  | |
| * Reason for Leaving |  | |
| * Date Left |  | |
| * Incumbent’s Salary |  | |

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| **Space Allocation** | |
| Has space been identified (Yes/No) |  |
| * If yes, list campus address. |  |
| * If no, what space is needed? |  |
| * Has space committee been contacted? |  |

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| **Position Justification: Please provide evidence of the need for this position.** | |
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| Will VISA sponsorship be considered? (Yes/No) |  |
| If this is a new position, what other positions or compensation expense will you reduce to fund this position? | |
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| Please confirm that this position (other than temporary appointments) and its requested classification will meet your department’s needs for at least one year and that the selected employee will be assigned duties accordingly. | |
| Yes or No? |  |

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| **Compensation and Funding** | | | |
| Salary Range | |  | |
| Fringe % (estimate) | | 35% (FT) 7.83% (PT) | |
| Hourly Wage (only applies to hourly (PT) positions) | |  | |
| Funding Source (must check those that apply) | | | |
| Operations Budget |  | Grant/Soft Money/Self-Supporting |  |
| Base Budget Recurring |  | Current Year Only |  |

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| **Provide General Ledger Banner Chart fields for source of funding. (If not available, please explain.) Fiscal Affairs Verification of GL Fields-- Initials: Date:** | | | | | | | | | |
| FY | Fund # | ORG # | Account # | Program # | Position # | Job Code # | Z-Index | Amount | Recurring  (Y/N) |
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(Supervisor & VP names must be entered manually or electronically below – digital signatures are not required – must submit Word version of this form to HR.)

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| Supervisor’s Approval |  | Date |  |
| AVP/Dean’s Approval |  | Date |  |
| VP’s Approval |  | Date |  |
| Position Review Committee (PRC) / President’s Approval |  | Date |  |