

POSITION AUTHORIZATION

1. To be completed by department head:

Department: _____ Job Title: _____

Position is: Staff () Faculty () Adjunct ()
Full-time () Part-time () Temporary ()
Salaried () Hourly ()

Requested salary range: _____ Start date: _____

Most recent incumbent: _____

Incumbent salary/wage rate: _____

Separation date: _____

Has the job description been revised? _____ If yes, attach revised job description

Signature of department head: _____ Date: _____

2. To be completed by senior administrator:

I approve this request _____ I do not approve this request _____

Signature of senior administrator: _____ Date: _____

3. To be completed by human resources:

The salary/wage rate requested is within range _____ is not within range _____

Previous salary/wage rate: \$ _____ New salary/wage rate: \$ _____

This salary/wage rate is within budgeted amount: Yes ___ No ___

Signature of human resource director: _____ Date: _____

4. VP for Finance:

Initials: _____ Date: _____

5. President:

Initials: _____ Date: _____

**This form must be completed prior to advertising a job vacancy.
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