

Staff Adjustment Request

Job # _____

Prior to advertising and/or hiring, please complete and approve this form with your personalized digital stamp (click here for instructions). Then email it to your Dean or Vice President for their approval. They will forward it to the CFO (for budget authorization) who will forward it to HR for final approval.

Important: Please email a copy of the job description for this position to Human Resources.

Note: Supervisor must finalize any job description changes with HR before this position is posted or filled.

Requesting Department _____

Title of Position _____ Request Date _____

Supervisor _____

Budgeted ☐ Yes ☐ No Budget # (required) _____ (Format: 11-XXXX-XXXXX)Classification: ☐ Exempt ☐ Non-Exempt ☐ Temporary (ending date _____)Full time ☐ Part time ☐ Estimated Hours per Week _____ FTE Amount _____

Working hours for this position are from _____ (indicate am/pm) to _____ (indicate am/pm)

Check working days for this position: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

Must be complete for all openings: Please describe the circumstances that created this opening.
(Replacement reasons might be employee resignation, promotion, transfer, etc.)

☐ Staff Increase (New Position) ☐ Staff replacement for _____

Replacement reason _____

☐ Temporary replacement – Approximate Dates _____

Other _____

Approvals:

1. Recommending Supervisor/Dean_____
2. Applicable Vice President_____
3. CFO (Budget Authorization)_____
4. Human Resources

Human Resources Only:

Compensation Pay Range starts at \$_____ to a median of \$_____.