

Approval for Review Only

	Initial	Date
Account Sponsor	_____	_____
Vice President	_____	_____
President	_____	_____



NORTHEASTERN
STATE UNIVERSITY

REQUEST FOR NEW/CHANGE POSITION FORM

Organization Name: _____ Organization Number: _____

Fund Name: _____ Fund Number: _____

New Position: Yes No If No, Current Position Number: _____

Replacement of existing position(s): Yes No

Funding Source: _____

ATTACH JOB DESCRIPTION

Title of Position Requested: _____

Justification for New Position or Change:

Regular Temporary Part-Time Full-Time
(Temporary = Current Year Only)

EEO Code _____	Job Code _____	Employee Class _____	Suffix _____	Pay Cycle _____
Position Number Assigned: _____		FTE _____	SOC _____	
UDS Codes: _____		CUPA _____	Step/Grade _____	CIP _____
Manpower Resource _____	_____			
Administrative Title _____	Director of Human Resources	Date	HR USE ONLY	

FINAL APPROVAL: (Not Required For Position Review Only)

Account Sponsor Date

Vice President Date

Director of Budgets Date

President Date

AFTER ALL APPROVALS ARE COMPLETE: Return ORIGINAL to Budget Office

(send COPIES to Account Sponsor, Vice President and Human Resources)