Position Change Request Form This form is required to request the creation of a new position, reclassify a position, fill a vacant position or to request a compensation change. If request is approved, the fully signed form must be uploaded as an attachment to the Eform. *Please complete the form with as much information as possible. Missing information delays the review of the form. Requestor: Date of Request: Department: **Department ID:** VP Area: **Requestor Signature:** What are you requesting? Create a new positon Compensation Change Reclassification Fill a vacant position (Select all that apply) Why is this request necessary? Provide detailed justification. *May be impacted by Payroll and HR deadlines. **Effective Date for Change: Current Title of Position: Proposed Title of Position: Current Job Code:** Proposed Job Code: Name of Incumbent: Reports To Position #: Type of Position: Reports To Name: **Position ID:** Is the position full time/benefits eligible? When was/will the position be vacated? Is this a salary or supplement change? **Compensation / Supplement Rate: Current/Ending Compensation Rate:** (Annualized) What are the position duties and how have these duties been completed prior to this point? Cost Center/Project ID: (If using more than one please list all) Type of Funding for Position? What is the distribution amount for the cost center(s)? Is funding for this position budgeted? Is funding permanent or temporary? If funding is split between sources or you selected "Other" please provide additional information. How was funding made available for this new position? If funding is from current vacant position, please provide position ID. **Approval AVP or Director** Signature Name Date **Financial Lead** Signature Name Date Vice President Approval Signature Name Date **Budget and Financial Planning Office** Signature Name Date