

**CLASSIFIED/ADMINISTRATIVE STAFFING REQUEST**

Check list:	<u>Check</u>
Attach C1121 (new position)	_____
Attach a Job Description	_____
Attach Department Organization Chart	_____
Copies for all Committee members	_____

**Replacement:** Position # \_\_\_\_\_

**Reason for vacancy:** \_\_\_\_\_

**Name of employee being replaced:** \_\_\_\_\_ **Date position vacated:** \_\_\_\_\_

**Title of Position:** \_\_\_\_\_

**Department/Office:** \_\_\_\_\_

**Position supervisor:** \_\_\_\_\_

**Requested Start date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Work schedule: M – F:** \_\_\_\_\_ **other** (describe) \_\_\_\_\_ **Work location:** \_\_\_\_\_

Account #: Fund (program): \_\_\_\_\_ Cost Center: \_\_\_\_\_ Class Code: \_\_\_\_\_ Basis (PSA): \_\_\_\_\_ Shift: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Annual Benefits Cost: \_\_\_\_\_ Annual Total: \_\_\_\_\_

Included in Department/Office Staffing Plan:  Yes  No, if "No", please provide explanation

Impact on program/department if position is not filled:

**Supervising VP:** (signature) \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved: \_\_\_\_\_ (VP notify supervisor to begin hiring process, copies sent)

Not Approved: \_\_\_\_\_ (document returned to Area VP)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
A. Susan Carleo, Ph.D., President