**Date of Request:**

**Department:**

**Vice President/Dean:**

**Person Requesting Request:**

Funding Information:

**Business Unit:** Choose an item.

**Director or Department Chair/PI/Manager**:

**Extension # of Requester:**

**Classified Position: Salary Range**

|  |  |
| --- | --- |
| **Minimum**  | **Maximum**  |
|  |  |

**If mandated by university commitment, what type?**

[ ] Start Up [ ] Research [ ] Other- Explain Below

**A&P Position:**

|  |
| --- |
| Budget Amount  |
|       |

**How will the position be funded?**

[ ] Non-Grant [ ] Grant

*\*For Grant funded positions an NOA must be attached*

|  |  |
| --- | --- |
| **Cost Center/ Project ID Number** | **Percent Distribution (Must Total 100%)** |
|  |  |
|  |  |
|  |  |

Request Type: *(Check all that apply)*

[ ] **Initiate recruitment efforts\*\***

[ ]  **Extend Offer above approved salary amount**

**Desired Salary Rate:**

**Percent Above:**

[ ]  **Auto-Promote**

[ ]  **Direct Hire\*\***

[ ]  **Create New Position**

***\*\* Benefit eligible positions must be advertised.***

***Grant Funded-*** Request Type: *(Check all that apply)*

[ ] **Initiate recruitment efforts\*\***

[ ]  **Auto-Promote**

[ ]  **Direct Hire\*\***

[ ]  **Create New Position**

***\*\* Benefit eligible positions must be advertised.***

[ ]  **Modify Work Assignment or Hours**

**New End Date:**

**New Hours per Week:**

[ ]  **Staff Supplement**

**Desired Salary Rate:**

**Staff Supplement Start Date:**

**Staff Supplement End Date:**

[ ]  **Out of Cycle Merit Increase**

[ ]  **Funding Source Change**

[ ]  **Modify Work Assignment or Hours**

**New End Date:**

**New Hours per Week:**

[ ]  **Out of Cycle Merit Increase**

[ ]  **Funding Source Change**

Position Information:

**Expected Start Date:**

**Position #:**

**Position Title:**

[ ] Full Time [ ] Part Time

**Reports to Name**:

Current/Previous Employee Information:

**Expected End Date:**

**Job Code:**

**Standard Hours:**

**Reports to Position ID:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Salary:** |  |
| **Empl ID:** |  | **Last Day Worked:** |  |

Please provide the following information. Attach additional documents as needed.

**Description of the position’s direct strategic impact to the success of UTEP’s Mission and why the work cannot be distributed.**

