TO BE COMPLETED BY DEAN / APPOINTING OFFICER

Title: ___________________________________________________________

☐ New: ___________________________________________________________
   (name if known)

☐ Renewal for: ______________________________________ Position# ______
   (name)

☐ Full-time ☐ Other than Full-time (please specify) ______

Department: ___________________________________________________________

Proposed Salary: ____________________________

FOAP to be Charged/%: ___________________________________________________

How will the position be funded? (Required for approval) ________________________________

______________________________________________________________________

Is this a grant funded position?______________________________________________

If so, what is the expiration date?____________________________________________

AP Position Only – Who will supervise and complete performance assessment for this position?

Date of Assignment: _________________________

Briefly list the duties/responsibilities of this position: ____________________________

_______________________________________________________________________

Indicate the supervisory responsibilities of this position (circle one)

• No supervisory responsibilities

• Supervise the equivalent of 2 full-time staff (80 hrs/week) including student staff

Comments: ____________________________________________________________

________________________________  _______________________________
   Signature       Date

TO BE COMPLETED VICE PRESIDENT

☐ Approved  ☐ Not Approved

________________________________  _______________________________
   Signature       Date

TO BE COMPLETED BY HUMAN RESOURCES

Employee Class: __________ Position Class: __________ EEO Position Group: __________

District/Div: ________ Employee Group: ________ Department: __________

Department Name: _____________________________ FTE: ___________

EEO: ____________ SOC ____________ Job Location ___________________________

________________________________  _______________________________
   Signature       Date

TO BE COMPLETED BY BUDGET OFFICE

Position #     Acct. Code     Labor Distribution FOAP/%     Labor Distribution FOAP/%

______________________________________________________________________

Comments

________________________________  _______________________________
   Signature       Date

Copies: Dean / Appointing Office    Vice President    Budget     Academic Budget

Updated 07/15