

**REQUEST FOR POSITION REVIEW**

(Establishment of New Position, Change in Duties, Change in FTE)

To be completed by the requesting department.

Submitted by:		Department:		Date:	
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Position No:		Current Classification:		Working Title:	
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Date of Last Position Description for this position:		Approved by:	
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What options and alternatives have been explored other than changing the position duties?

Summarize specific changes in duties to be assigned to position (use added paper if needed).

Reason for changes to position duties (reorganization, service reductions, staff reductions, etc.):

Describe the program impact if the position remains in its current classification.

Was this discussed or forecast in the budget process?	Yes		No		
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Describe the fiscal impact to your department's current biennial budget and how the adjustment will be absorbed/funded/reallocated.

Approved by Department Head:		Date:	
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Approved to Proceed with Review:	Yes		No		Desire Additional Information?
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Provost/Vice President:		Date:	
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Original: Department  
Copies: Budget Office, Human Resources