



**Request for Reclassification of Vacant PIN or Create New Position**

**Staff and Temporary/Casual Positions Only**

Reason for Request:  New Position  Reclassification of a Vacant PIN (Current PIN & Job Profile): \_\_\_\_\_

Employee Type:  Staff  Temporary/Casual

Supervisor's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Proposed Job Profile: \_\_\_\_\_

Proposed Business Title: \_\_\_\_\_

Current Monthly/Hourly Rate (reclassification only) \_\_\_\_\_

Proposed Monthly/Hourly Rate: \_\_\_\_\_

Annual Budget Impact (+/-): \_\_\_\_\_

Costing Allocation: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Job Location: \_\_\_\_\_

Proposed Percent Effort or Estimated Number of Hours Per Week: \_\_\_\_\_

Proposed Annual Work Period: \_\_\_\_\_ **or** \_\_\_\_\_  
Start to End Number of Months

**Internal Justification for Reclassification (1000 character limit below - attach additional pages as needed)**

**Approval and Review Signatures**

By signing below, the individual attests that the information on this form is accurate and in compliance with University rules, procedures, and guidelines. If approvals and/or reviews are obtained outside of this form, list the approver/reviewer's name under the applicable Print Name line and indicate "see attached". As a reminder, additional actions will be needed in Workday.

Department Head Approval	Print Name	Signature	Date
HROE HUB Review	Print Name	Signature	Date
Finance Review	Print Name	Signature	Date
Dean/Vice President Approval (or designee)	Print Name	Signature	Date
Additional Approval (as needed)	Print Name	Signature	Date