



Approval Form for Create or Reclassify a Vacant PIN

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

Proposed Job Profile: _____ Proposed Salary/Hourly Rate: _____

Proposed Business Title: _____ Costing Allocation: _____

Proposed Effective Date: _____

Proposed Percent Effort Or Estimated Number Of Hours Per Week: _____

Proposed Annual Work Period: _____ or _____
Start to End Number of Months

For New Position Name of Supervisor: _____

Job Location: _____

Internal Justification for Action Request (1000 character limit below - attach additional pages as needed)

Approval and Review Signatures

By signing below, the individual attest that the information on this form is accurate and in compliance with university rules, procedures, and guidelines.

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