Reclassification for Vacant PIN or Create New Position Request Checklist and Approval Staff and Temporary/Casual Positions Only

Reason for Request: New Position	on Reclassification of a Vaca	nt PIN (Curre	nt PIN & Job P	rofile):
Employee Type: Staff	Temporary/Casual			
Proposed Job Profile:		Propos	sed Salary/Hou	rly Rate:
Proposed Business Title:		Costing Allocation:		
Proposed Effective Date:				
Proposed Percent Effort Or Estimate	d Number Of Hours Per Week:			
Proposed Annual Work Period:		or		
	Start to	End		Number of Months
For New Position Name of Superviso	r:			
Job Location:				
Approval and Review Signatures By signing below, the individual attest	that the information on this fo	m is accurate	e and in compli	iance with university rules,
procedures, and guidelines.				
ance Review				
	Print Name		Signature	Dai
DE HUB Review	Print Name		Signature	Dat
	Print Name Print Name		Signature Signature	Dat
OE HUB Review partment Head Approval an/Vice President Approval (or designe	Print Name Print Name			
	Print Name Print Name		Signature	Dat