



Position Refill / Reclassification Request Form

Purpose:

This form is to be used when a department would like to refill a vacant position, reclassify a current position, or to establish a new position. This form is only required for full-time or permanent part-time positions.

Procedure:

1. The Department Supervisor/Chair completes the Position Details section below and then forwards the request to their Dean/Associate Vice President for review.
2. If the Dean/Associate Vice President approves the request, they will sign off on it in the Approval Signatures section and then forward the request to their Vice President for review and approval.
3. If the Vice President approves the request, they will sign off in the Approvals Section and then the completed form is emailed to Ms. Peggy Boyle, University Human Resources Administrator – Recruitment & Labor Relations at boylep@wcsu.edu.
4. The Human Resources department will then review the request and follow up with the Vice President if any further information is needed.
5. The request will then be forwarded to the Financial Planning & Budget Office to complete their section.
6. Lastly, the request will then be forwarded to the Position Review Committee (PRC) to evaluate at its next meeting. The PRC meets twice per year (October & March). However, any member of the PRC can request an emergency meeting to be held due to a unique circumstance.

Position Details:

Type of Request (Refilling Vacancy or Reclassification of Position)		
Current Position Title		
Current Position Rank		
Proposed Position Title		
Proposed Position Rank		
Appointment Type (i.e.: Permanent, Temporary, Tenure-Track, Special Appointment, or Part-Time)		
Department		
Reports To (Name and Title)		
Work Schedule/Hours per Week		
Full-Time Equivalent (FTE) (i.e.: 1.0 = FT .47 = PT, etc.)	FTE:	# of Months:
If Temporary - Length of Appointment		
Bargaining Unit/Group		
Position Number		
Name of Previous/Current Incumbent		

Previous/Current Incumbent Salary	
Date Position Vacant	
Salary Range (Minimum/Midpoint/Maximum)	
Grant Funded (Yes or No)	
Position Justification: Please provide evidence of the need for this position and attach any additional information necessary to support your request.	

Approval Signatures

Department Supervisor/Chair: _____ Date: _____

Dean/Associate Vice President: _____ Date: _____

Vice President: _____ Date: _____

Financial Planning & Budget Office

Provide General Ledger Banner Chart fields for source of funding. (If not available, please explain.)									
Fiscal Affairs Verification of GL Fields-- Initials:								Date:	
FY	Fund #	ORG #	Account #	Program #	Position #	Job Code #	Z-Index	Amount	Recurring (Y/N)

Position Review Committee

Date of Meeting Request Reviewed: _____

PRC Recommendation to President: ____ Approve ____ Deny

President's Decision: ____ Approve ____ Deny

Chief Human Resources Officer Signature: _____ Date: _____