

CLAYTON STATE UNIVERSITY

POSITION REQUEST FORM		LOG # _____															
POSITION #: _____ (New Positions – Leave Blank)		EFFECTIVE DATE: _____															
<i>TYPE POSITION:</i>	<input type="checkbox"/> Full -Time <input type="checkbox"/> Part -Time/Temp <input type="checkbox"/> Part -Time / Regular	<input type="checkbox"/> Benefits-Eligible <input type="checkbox"/> No Benefits (Temp – 6 months or less) <input type="checkbox"/> No Benefits (Ongoing - less than 20 hrs/week)															
	STUDENT ASST <input type="checkbox"/> Federal Work Study	<input type="checkbox"/> Not Work Study															
REQUESTED ACTION: (Check multiple boxes if appropriate)																	
NEW POSITION	<input type="checkbox"/>	Previous incumbent: _____															
POSITION REPLACEMENT	<input type="checkbox"/>	Current incumbent: _____															
RECLASSIFICATION	<input type="checkbox"/>																
TITLE CHANGE ONLY	<input type="checkbox"/>																
DELETE EXISTING POSITION	<input type="checkbox"/>																
FTE ADJUSTMENT	<input type="checkbox"/>	Old FTE: _____ New FTE: _____															
OTHER (See Comments below)	<input type="checkbox"/>																
DEPARTMENT #: _____	DEPARTMENT NAME: _____	(Budget Office Use Only)															
TOTAL FTE REQUESTED: _____		Budget Amount: \$ _____															
FUNDING:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">DEPT #</th> <th style="width: 15%;">FUND #</th> <th style="width: 15%;">PERCENT</th> <th style="width: 20%;">STANDARD HIRING RANGE</th> <th style="width: 35%;">ESTIMATED BENEFITS (approx 28%)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	DEPT #	FUND #	PERCENT	STANDARD HIRING RANGE	ESTIMATED BENEFITS (approx 28%)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
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_____	_____	_____	_____	_____													
_____	_____	_____	_____	_____													
<input type="checkbox"/> CSU <input type="checkbox"/> Revenue Funded <input type="checkbox"/> Sponsored (Grant # _____)																	
CLASSIFICATION: BCAT CODE: _____ POSITION TITLE: _____ PAY GRADE: _____ BUSINESS TITLE: _____ FLSA STATUS: _____ EEO CODE: _____																	
PAY PLAN: EXEMPT <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> STUDENT <input type="checkbox"/>																	
PREPARER'S CONTACT INFORMATION NAME: _____ EMAIL ADDRESS: _____ PHONE EXT: _____																	
SPECIFICATIONS WORK WEEK: STANDARD <input type="checkbox"/> SHIFT WORK <input type="checkbox"/> HOURS: _____ REQUIRED CHECKS/EXAMS: <table style="width: 100%;"> <tr> <td>CRIMINAL HISTORY CHECK <input type="checkbox"/></td> <td>DRIVER LICENSE <input type="checkbox"/></td> </tr> <tr> <td>PHYSICAL EXAM <input type="checkbox"/></td> <td>DRUG TEST <input type="checkbox"/></td> </tr> <tr> <td>POLYGRAPH <input type="checkbox"/></td> <td>CREDIT CHECK <input type="checkbox"/></td> </tr> </table> (Public Safety Only)			CRIMINAL HISTORY CHECK <input type="checkbox"/>	DRIVER LICENSE <input type="checkbox"/>	PHYSICAL EXAM <input type="checkbox"/>	DRUG TEST <input type="checkbox"/>	POLYGRAPH <input type="checkbox"/>	CREDIT CHECK <input type="checkbox"/>									
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COMMENTS: _____																	

	Signature	Print Name	Date
Hiring Manager	_____	_____	_____
Director/Dean	_____	_____	_____
VP / Provost	_____	_____	_____
Budget Approval	_____	_____	_____
Director OHRS	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	_____	_____
President	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____	_____