

Position Requisition and Review Form (rev. 10/2020)

Department: Date:

Requested by: Contact: Email:

VC/Dean approval:

For existing positions -- current/most recent employee: Position ID:

Requested Action ****Proposed salary and wages should be in consultation with Pooja Singh, Senior Compensation Analyst.**

1. Create and/or fill a position New position Existing position

Current or proposed job title:

Current salary (if an existing position): Proposed Salary:

Explain the critical need for the position and the direct impact to the department and university:

(For existing position) What changes would be necessary if the position were not filled (including impact on other positions, functions or activities that would be reduced or eliminated)? Are there any responsibilities of this position that could be handled by student or temporary workers?

2. Reclassification/promotion

Current job title: Current salary:

Proposed job title: Proposed salary:

Describe the significant change in responsibilities that justifies this request:

3. Create or fill temporary position

Job title:

Hours per week:

brief description of duties:

4. Discretionary pay increase (not related to promotion/reclassification):

Type: Permanent Temporary (duration)

Will this be paid as an administrative adjustment (exempt staff only)? Yes No

Explain the business rationale for pay increase, including changes in, or added responsibilities to, position.

5. Other action - Explanation, including cost of action:

Funding Source

6. Recurring funding needed (new or vacant position, reclassification/promotion, permanent pay increase)
Provide an explanation where the recurring budget will come from (ex. prior position; cuts to part-time wages; cuts to S&E; etc.)

[Redacted area]

Account(s) to be charged: [Redacted area]

7. Nonrecurring funding needed: (new or existing temporary position, temporary pay increase):

Current year budgeted funds Reserve/carry-forward funds

Account(s) to be charged: [Redacted area]

(For HR Compensation/Classification)
Recommended:
Job title: _____ Salary/salary range: _____
Percentage of increase (if applicable): _____
Comments: _____
Date: _____ By: _____ Email: _____

(For Business Manager)
Comments: _____
Date: _____ By: _____ Email: _____

Instructions:

- Complete form with requested action and Dean/VC approval.
- Email the form, with supporting documentation (including revised job description, if applicable) to hr@pfw.edu.
- HR-OIE Compensation/Classification staff will review and forward to budget approver.
- Business Manager will forward to Hiring Review Committee.
- The Hiring Review Committee will review all requests and provide recommendations to the Chancellor for final approval.
- Hiring Review Committee will email notice of decision to contact listed at top, sending a copy to HR-OIE and budget approver.
- Please allow 3 weeks from time of submission for approval.

Approved: _____ Date: _____
Denied: _____ Date: _____
Comments: _____