



REQUEST TO ESTABLISH NEW POSITION

Title of new position (Class title and code, if known)	Qty, if more than 1	Date of request
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Administrator
 Faculty
 Staff Exempt (Prof/Mgl)
 Staff Non-exempt (Class)
 To be determined

Position Type <input type="checkbox"/> FT Regular <input type="checkbox"/> FT Temp Provisional <input type="checkbox"/> PT Non- Fac <input type="checkbox"/> FT Temp (6 mo or more) <input type="checkbox"/> PT Adjunct <input type="checkbox"/> PT Student Asst <input type="checkbox"/> FT Temp No Benefits <input type="checkbox"/> PT Student FWS	Crs Type (Adjunct) <input type="checkbox"/> Credit <input type="checkbox"/> Non-Credit <input type="checkbox"/> Not Appl	Grant <input type="checkbox"/> No <input type="checkbox"/> Yes End date: _____
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Location <input type="checkbox"/> Brandon <input type="checkbox"/> MacDill <input type="checkbox"/> Ybor City <input type="checkbox"/> Dale Mabry <input type="checkbox"/> Plant City <input type="checkbox"/> District <input type="checkbox"/> South Shore	Admin Dept (Not GL dept) _____ Time Sheet Dept _____	Supervisor pos number _____ Alternate Supv Pos Num _____
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Union, if any <input type="checkbox"/> FUSA <input type="checkbox"/> SEIU ->	SEIU Bargaining Unit, if applicable <input type="checkbox"/> Non-Inst <input type="checkbox"/> Superv <input type="checkbox"/> Prof/Mgl	Exclusion, if any <input type="checkbox"/> Confidential <input type="checkbox"/> Managerial
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Effective Date of Position	GL number ▶	Fund	Department (8-digit)	Object code (5-digit)	Locn
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Rationale (If existing position(s) is(are) to be deleted in exchange for new position, the existing position(s) must be active and funded. Continue on reverse if necessary)

INITIATOR		CABINET OFFICIAL CONCURRENCE	
Date & phone	Signature and title	Date & phone	Signature and title

HR CLASSIFICATION					HR POSITION CONTROL					
Control Nbr	Location	Dept A	TS dept A	Occup Act	Fund Table	Except Time E S P	Work Schedule STND PT00 ST40			
Class	Type	Pay class	Salary Tbl	Grade	Barg Unit	Earn Typ Grp STAFF FAC	OChrt Seq	Discl Ex	Pos Rank C D S	
Ex/Non-ex E N	Stry/Hrly S H	Date & phone	Signature and title			Date & phone	Signature and title			

BUDGET REVIEW						
<i>Budget data entered here supersedes initiator's budget data.</i>	GL number ▶	Fund	Department	Object code	Locn	

Current grant funding ends: _____ <input type="checkbox"/> NA	Date & Phone	Signature and title
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APPROVAL		POSITION CREATION BY HR	
		Position number(s) assigned	Remarks
Date	Signature	Date & phone	Signature and title
	President		