



Position Control Form

Confidential

Must be completed before any search can begin.

Basic Information

Department: _____	Date of Request: _____
Cost Code: _____	Position Title: _____
Type: Full-Time Part Time	Hire Reason: Replacement Restructure New
Category: Exempt Non-Exempt	Replacing (<i>if applicable</i>): _____
Posting: Internal Internal & External	Maximum approved salary: _____

Would you consider this position essential, if so why? (Briefly)

In the event that your position is not approved - how would you redistribute/reorganize these responsibilities?

Approval

Department Head: _____	Hiring Supervisor: _____
Approval Signature: _____	Approval Signature: _____
Vice President Signature: _____	Date: _____
EVP/CFO Signature: _____	Date: _____
President Signature: _____	Date: _____

If you are creating a new position (increasing the total count of positions in your area) or changing the job description or core responsibilities of this position you must complete the second portion of this form. No position will be advertised and no person will be hired before this form is completed.

New/Restructured Position

Position Change: Restructuring Position New Position

Title: _____

Position Description: _____

Core Duties/Responsibilities: _____

Requirements (ie. Research funds, other funding): _____

Technology & Equipment (ie. furniture, phone): _____

Additional Requirements: _____

Frequent Travel

Evening/Weekend Hours

Valid Driver's License

Heavy Lifting (Capable of at least ____ lbs)

Long Periods Walking/Standing