

**IDAHO STATE UNIVERSITY**  
**NEW POSITION/CHANGE REQUEST**

*(to be included on State Board Agenda for approval)*

**Approved by  
State Board of Education**

Date \_\_\_\_\_

**PROPOSED POSITION (new OR change) - ALL information is required:**

Date \_\_\_\_\_

Title: \_\_\_\_\_ PCN (if change): \_\_\_\_\_

Type:   Classified (pay grade) \_\_\_\_\_                      Non-Classified/Faculty

FTE:    Full-Time    Percentage Time \_\_\_\_\_ %

Term: \_\_\_\_\_

(9 month, 12 month, etc.)

Effective Date: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_

Funding Source: (Appropriated [State], Non-Appropriated [Local], or Grant Funds)

Department: \_\_\_\_\_

Account #: \_\_\_\_\_

Description:

**(Briefly** list duties/  
responsibilities)

Justification:

**CURRENT INFORMATION (complete if the above position is a change OR if a position is to be eliminated):**

Title: \_\_\_\_\_

PCN: \_\_\_\_\_

Term: \_\_\_\_\_

Type: \_\_\_\_\_

FTE: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

Department: \_\_\_\_\_

Account No.: \_\_\_\_\_

**Approval:** Dean/Director \_\_\_\_\_ Date \_\_\_\_\_

**Approval:** Vice Pres./President \_\_\_\_\_ Date \_\_\_\_\_

**Complete (including signatures) and forward to the  
Office of Financial Services, Administration Building, Campus Box 8219**

**A copy noting approval or disapproval will be returned following the Board meeting.**