



New Position Request Form

Management Instructions:

HR Tracking Number: _____

1. Management completes this form to request creation of a new position, (PCN), outside of the normal budgeting process.
2. Attach an updated org chart to this form that reflects the reporting line for this new position.
3. Submit all documents to next official in the management chain for review & consideration prior to HR submission.

| | | |
|-----------------|-----------------------|---|
| Department Name | College/Division/Unit | Campus Location |
| | | <input type="checkbox"/> Pocatello <input type="checkbox"/> Meridian <input type="checkbox"/> Idaho Falls <input type="checkbox"/> Twin Falls <input type="checkbox"/> Other _____ |

SECTION I: PROPOSED POSITION DETAILS

| | | |
|---|---|---|
| Suggested Working Title | Supervisor Name and Title | Position Type – Contact HR w/ Questions |
| | | <input type="checkbox"/> Classified Staff <input type="checkbox"/> Classified Limited Service <input type="checkbox"/> Fac. Tenure Track <input type="checkbox"/> Fac. Non-Tenure Track <input type="checkbox"/> Non-Classified Staff |
| Anticipated Effective Date | Appointment Type | Full-Time Equivalency |
| Desired Start Date for New Position: _____ | <input type="checkbox"/> Regular/ongoing Appt. <input type="checkbox"/> Temp Appt. End Date: _____ <input type="checkbox"/> Other: explain _____ | FTE: _____ <input type="checkbox"/> 12 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> Other Mos. _____ Wks. _____ Hours Per Pay Period: _____ (80 Max) |
| Business Case: Outline the business case for the new position; How does position affect recruitment/accreditation? Is the position revenue generating? Attach supporting documentation and additional sheets if needed. | | |
| | | |
| Alternative Scenarios: Outline how the department would proceed to cover workloads if this new position request is not approved. | | |
| | | |
| Position Purpose: State in one or two sentences the primary purpose of the proposed position. | | |
| | | |
| Key Responsibilities: List the top 5-7 key responsibilities for the position, (attach additional sheets if needed). | | |
| | | |
| Suggested Qualifications: What are the anticipated qualifications needed to perform the essential functions of this position. | | |
| | | |

SECTION II: PROPOSED FUNDING INFORMATION

| | | | | | | | | |
|--|-------------|---|----------------------------|--------|-----------|-------------|-----------|-------|
| Request Type | | Proposed Salary Details – Subject to Modification Upon Review | | | | | | |
| <input type="checkbox"/> Not Budgeted – Requesting Additional Budget Dollars to Unit <input type="checkbox"/> Reallocation – Indicate Source of Funding from Department/College/Division* | | Annual Base | Bi-Weekly | | | Hourly Rate | | |
| | | | | | | | | |
| Proposed Funding Type(s) – identify existing funding source(s) if applicable.* | | Index Number(s) Charged | Amount or Salary Range Max | | Percent | PI Initial | | |
| <input type="checkbox"/> Appropriated Funds <input type="checkbox"/> Local Funds <input type="checkbox"/> Sponsored Funds <input type="checkbox"/> Mixed Funding/Other (explain): | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| *Identify Source(s) of Additional Funding Needed (if applicable) For Account Director/UBO Review/Completion | | | | | | | | |
| Index | Reg Sal Amt | Reg Sal PCN | Irreg Sal | Fringe | Insurance | Travel | Operating | Total |
| | | | | | | | | |
| | | | | | | | | |

Funding Information Comments: Please provide additional comments regarding the funding plan as needed, including any details of positions eliminated/changed in relation to the new position request (if applicable).

| SIGNATURE APPROVALS REQUESTING NEW POSITION AS PROPOSED | |
|--|------------|
| I recommend this new position request be authorized as proposed as it is in the best business interest of the department/college, pending review of the availability of funds and business need. | |
| Requesting Supervisor Name: | Signature: |
| Chair or Department Head Name: | Signature: |
| University Business Officer Name: | Signature: |
| Dean/AVP/Director Name: | Signature: |
| Vice President/Senior Executive Name: | Signature: |
| Upon completion, please forward to Human Resources, hr@isu.edu | |
| FINAL APPROVALS FOR IMPLEMENTATION – FOR FINANCE & BUSINESS AFFAIRS USE ONLY | |
| Budget Confirmed Signature: | Date: |
| HR Review Signature: | Date: |
| VPFBA Signature: | Date: |
| Position Control Number Assigned: | PCN: |

HR will inform all parties if new position request has been approved and next steps to proceed in hiring for a newly established position. The proposed details of the new position may be approved, modified, or denied by the above responsible offices in accordance with the business needs of ISU and applicable policies and procedures.