

SECTION I (Completed by the Requesting Supervisor)

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

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

\_\_\_ Classified Position \_\_\_ Non-Classified Position \_\_\_ Faculty Position

\_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ 25% \_\_\_ 50% \_\_\_ 75% \_\_\_ Other \_\_\_%

Salary (Non-Classified and Faculty Only) \_\_\_\_\_

Must resubmit if additional amount is offered applicant.

\_\_\_ Existing Position Replacing Date Position Will Be Vacant \_\_\_\_\_

\_\_\_ New Position  
Comment: \_\_\_\_\_

Should this position be eliminated? \_\_\_ Yes \_\_\_ No

Should someone else provide this service? \_\_\_ Yes \_\_\_ No

If not, why can someone else not provide this service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why is this position essential in delivering services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Department/Academic Unit Requesting Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION II (Completed by the Human Resources Officer)

FYE \_\_\_\_\_

Budget Information: Is this an authorized budgeted position? \_\_\_ Yes \_\_\_ No POS# \_\_\_\_\_

If not, is there an authorized vacant position for this hire? \_\_\_ Yes \_\_\_ No GRADE \_\_\_\_\_

Salary Information: Are funds available? \_\_\_ Yes \_\_\_ No Exempt or NonExempt

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VC Finance Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward this form to the appropriate Vice Chancellor. The Vice Chancellor should complete Form B and forward both forms to the Chancellor for final approval.

(To be completed by the appropriate Vice Chancellor.)

How does this position help implement UACCB's strategic direction?

Five horizontal lines for text entry.

How will this position help UACCB improve its services?

Five horizontal lines for text entry.

For advertising purposes, please describe the fundamental job duties that an individual who occupies the position must be able to perform. (If this is a classified position, please see the Human Resources Officer and obtain a copy of the state job description and educational requirements.)

Five horizontal lines for text entry.

Hiring Committee Chair: \_\_\_\_\_  
Committee Members: \_\_\_\_\_

Two horizontal lines for text entry.

**Cabinet Member and Chancellor Approval**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Vice Chancellor*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Chancellor*

The original forms should go to the Human Resources Office.  
A copy of the forms should go to the Assistant to the Chancellor.