

SAM HOUSTON STATE UNIVERSITY

REQUEST FOR ADDITIONS/CHANGES TO POSITIONS

CHECK ONLY ONE:

CHANGES TO AN EXISTING POSITION

REQUEST FOR A NEW POSITION

CURRENT TITLE: _____	PROPOSED TITLE: _____
ACCOUNT#: _____	DEPARTMENT: _____
NAME OF CURRENT INCUMBENT (If applicable): _____	
INCUMBENT SOCIAL SECURITY # (If applicable): _____	

TYPE OF POSITION: Administrative Faculty Technical/Paraprofessional Skilled Craft
 Professional Clerical Service Maintenance

FULL TIME		HRS PER WK		DAY		REGULAR	
PART TIME		FTE		NIGHT		TEMPORARY	

SOURCE OF FUNDING: Local State

Account Number: _____ Account Title _____

Account Number: _____ Account Title _____

IF THE PROPOSED POSITION IS APPROVED, WILL ADDITIONAL COSTS BE ENTAILED?

NO YES *(complete below)*

ANNUAL SALARY: _____ EQUIPMENT AND/OR FURNITURE: _____

ANNUAL BENEFITS: _____ OTHER: _____

INCREASE IN FTE: _____ INCREASE IN SALARY: _____

ESSENTIAL DUTIES:

MINIMUM EDUCATION AND EXPERIENCE REQUIRED:

IMMEDIATE SUPERVISOR: _____

EMPLOYEES SUPERVISED: # of Exempt _____ # of Non-exempt _____ # of Students _____

WHERE WILL THE POSITION BE HOUSED? _____

(OVER)

PLEASE EXPLAIN IN DETAIL WHY A NEW POSITION OR CHANGES TO AN EXISTING POSITION IS NEEDED. WHAT FACTORS CAUSED THE NEED? (YOU SHOULD BE SPECIFIC IN YOUR JUSTIFICATION)

HAVE YOU EXPLORED ALTERNATIVES WHICH MIGHT BE AVAILABLE TO DEAL WITH THE NEED? PLEASE EXPLAIN.

HOW WILL THIS POSITION CONTRIBUTE TO THE DEPARTMENT MISSION AND UNIVERSITY STRATEGIC PLAN?

Dean/Director

Date

Vice President

Date

President

Date

Human Resources Use Only:

Annual Salary Increase _____

FTE Increase _____