



Position Information:

Department: \_\_\_\_\_ Home Org #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

New Position  Replacement Position for: \_\_\_\_\_

Time Entry Method:  Web Time Entry  Department Time  Time Clock Plus  Manual (Paper)

Supervisor Name: \_\_\_\_\_ Supervisor POSN#: \_\_\_\_\_

Timesheet Org #: \_\_\_\_\_ Timesheet Approver POSN#: \_\_\_\_\_ Approver Name: \_\_\_\_\_

Budget Access Org #: \_\_\_\_\_ Index / Account Code: \_\_\_\_\_ / \_\_\_\_\_

(Check if applicable)  Position Duration is Dependent Upon External Funding (Soft Funded)

(Choose one from each column)

Staff

Full Time

(For Hourly or Union Only)

Fixed Term

Part Time

1st Shift

3rd Shift

If part time, \_\_\_\_\_ hrs/wk

2nd Shift

Varies

12 Month

Contract

Contract

9/10 Month Weeks: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Will the work location be in Michigan?  Yes  No

If "No" where will the work take place? City / State / Country: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Department Suggested Title: \_\_\_\_\_

(Please make sure to attach the Job Description to this form)

(APPROVALS)

Position Supervisor: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date: \_\_\_\_\_

Next Highest in Supervisory Chain of Command: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date: \_\_\_\_\_

Financial Manager: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored Programs Accounting: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date: \_\_\_\_\_ (if applicable)

Vice President: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date: \_\_\_\_\_

President: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date: \_\_\_\_\_