



Position Information:

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

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

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

Time Entry Method:

Web Time Entry  Department Time  Manual (Paper)

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)

<input type="checkbox"/> 12 Month	<input type="checkbox"/> Faculty	<input type="checkbox"/> Regular	<input type="checkbox"/> Full Time
<input type="checkbox"/> 9/10 Month	<input type="checkbox"/> Post Doc	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time
		<input type="checkbox"/> Fixed Term	If part time, _____ hrs/wk

Summary of Duties: \_\_\_\_\_

Will the work location be in Michigan?  Yes  No

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

Rank / Title: \_\_\_\_\_

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

(APPROVALS)

Department/ Division  
Chair: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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