



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)

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
 Fixed Term Part Time
If part time, _____ hrs/wk

(For Hourly or Union Only)
 1st Shift 3rd Shift
 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: _____