



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

2nd Shift

Varies

If part time, _____ hrs/wk

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: _____