HR Tracking #: ____________  FORM: STAFF POSITION AUTHORIZATION
(Step: 2) (Print on blue paper)

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

□ 12 Month  □ 9/10 Month

Weeks: ____________  Start Date: ____________  Contract  End Date: ____________  Contract

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: ____________

Rev: July 2019