

Full Time Position Authorization Form

This form is used to authorize details for any position to be filled. It should be completed by the Dean or Director and forwarded for Budgetary Approval and to the appropriate Vice President for approval. It is then sent to the HR Department for processing and filing.

Position Detail

Position Detail				
Position Title				
Position Reports to		Position WH (Administ	rative)	
Organization Unit Name		Position FTE (Academ	ic)	
Position Salary Classification		Date Required	Date Required	
Is the recruitment part of the ap	proved Departmental Organization (Capability Planning?	Yes No	
Will the position be filled:	On Vacancy			
Tim the position as impai	As a New Position			
Is this an increase to staff?	pro a riour conten			
Yes - Please state justifica	tions:	No - Please indicate re	eplacement reason:	
		¬	Promoted	
		Transferred		
		Terminated		
		Retired		
		Resigned		
Other Remarks (Please describe	reasons for filling the position at the re	equested classification & level.)	_	
Authorization		I		
Dean/Director Signature		Date:		
Vice President Signature		Date:		
For HR Use Only				
lob filled by:				
Effective date:				
Гуре				
Recruitment Officer Signature		Date:		
HR Director Signature		Date:		