



Position Control Form

Confidential

Must be completed before any search can begin.

Basic Information

Department: _____

Date of Request: _____

Cost Code: _____

Position Title: _____

Type: Full-Time

Part Time

Hire Reason:

Replacement

Restructure

New

Category: Exempt

Non-Exempt

Replacing (if applicable): _____

Posting: Internal

Internal & External

Maximum approved salary: _____

Would you consider this position essential, if so why? (Briefly)

In the event that your position is not approved - how would you redistribute/reorganize these responsibilities?

Approval

Department Head: _____

Hiring Supervisor: _____

Approval Signature: _____

Approval Signature: _____

Exec. Vice President Signature: _____

Date: _____

EVP/CFO Signature: _____

Date: _____

President Signature: _____

Date: _____

If you are creating a new position (increasing the total count of positions in your area) or changing the job description or core responsibilities of this position you must complete the second portion of this form. No position will be advertised and no person will be hired before this form is completed.

New/Restructured Position

Position Change: Restructuring Position New Position

Title: _____

Position Description: _____

Core Duties/Responsibilities: _____

Requirements (ie. Research funds, other funding): _____

Technology & Equipment (ie. furniture, phone): _____

Additional Requirements: _____

Frequent Travel

Evening/Weekend Hours

Valid Driver's License

Heavy Lifting (Capable of at least ____ lbs)

Long Periods Walking/Standing