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 Budgeted 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: _____

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