

Administrative Position Title _____
Union Department _____ Date: _____
Type of Request: Increase in Staff Is position budgeted? Yes No
 Replacement for: Budget Number _____
Is cost offset? Yes No

Name _____ Date _____
Reason for leaving _____

Temporary Position Limited Term Casual Wage
Status of Position: Position for specific period of Regular position less than
 Regular time at 17.5 hrs or more per week 17.5 hrs per week
 Full Time (Shift _____) (From _____ to _____)
 Part time (# of Hours _____ # of Months _____)
Schedule (Days/Hours of Work) _____

POSITION SUMMARY: _____

Education, Experience or Special Skills Required: _____

Position Filled by _____
Senior Staff _____ Date _____ Approval Status: Approved Disapproved

REQUEST FOR CHANGE IN STAFF

Type of Request:
 Increase to Staff Increase in Hours
 Reclassification Increase in Months
Does the Department's Approved Budget cover the cost of this request? Yes No

If No, identify the estimated cost of the position, including a 26% fringe benefit expense on a full-time position, and half time positions.

Department Head's Signature _____ Date _____

Please provide a concise overview of how and why this position is necessary to your department. Be sure to include a detailed explanation of the function and where it fits organizationally. If the position is not budgeted, please include information on alternatives or options for offsetting the additional costs.

This request, including cost offsets, has been discussed with me and I support the need.
Senior Staff Member's Signature _____ Date _____

REVIEWED BY: Budget Office Comments _____

Date _____