## Position Action Form

### A. Position Information
- **Position Title:** ________________
- **Department:** ________________
- **Supervisor:** ________________
- **Department Org Number:** ________________

### B. Type of Action
- [ ] New Position
- [ ] Replacement for ________________
- [ ] Temporary Position
- [ ] On-Going Supplemental Pay
- [ ] Change in Position Wage/Salary
- [ ] Change in Funding Source
- [ ] Position Reclassification

### C. Weekly Working Hours and Salary Range
- **Weekly Working Hours:** ________________
- **Salary Range/Hourly Rate:** ________________

### C. Expense Fund or Org and Account to be Charged
- **FUND OR ORG**
- **ACCOUNT**
- **PERCENT**

### D. Comments/Notes/Special Instructions:

### E. Signatures
- **Department:** ________________________ Date ________________
- **Dean/Director:** ________________________ Date ________________
- **Vice President:** ________________________ Date ________________
- **Budget Office:** ________________________ Date ________________
- **Human Resources:** ________________________ Date ________________
- **President (new positions only):** ________________________ Date ________________

### F. DO NOT COMPLETE THIS SECTION-HUMAN RESOURCES/BUDGET OFFICE USE ONLY
- **Position Number:** ________________
- **Position FTE:** ________________
- **E-class:** ________________ **P-class:** ________________
- **Position Funding:** ________________
- **Name of Hire:** ________________
- **Banner ID:** ________________
- **Date Filled:** ________________
- **First Date of Employment:** ________________
- **Salary/Hourly Rate:** ________________
- **Time Sheet Org:** ________________

---

**Distribution:** Human Resources (white)  Budget Office (canary)  Department (pink)

**XAVIER UNIVERSITY**

HUMAN RESOURCES, ALUMNI 132, ML 7000 PHONE 513 745-3638

PER1005/73002/SC
A Position Action Form must be completed, including signatures, before any employment action will be taken. All employment must be coordinated with the department of human resources.

**SECTION A**
- Enter the position title, department, department supervisor and the department’s organizational number.

**SECTION B**
- Check the type of action requested.

- If you are requesting permission to hire for an existing position from which a current employee is leaving, please enter that employee’s name on the line next to replacement for ____________.

- If you are requesting permission to hire on a temporary basis, please complete the expected starting and ending dates of employment and, if known, the name of the individual who will be filling the temporary position.

- If you are requesting additional pay which will not be paid as one lump sum to the employee, complete the starting and ending dates of the pay and the name of the employee.

**SECTION C**
- Enter the number of hours the person who fills this position will be working each week.

- Enter the anticipated annual salary or hourly rate the employee will be earning.

- Enter the fund or org code, account and corresponding percentage(s).

**SECTION D**
- Note any special instructions or information.

**SECTION E**
- Sign and route for appropriate signatures in the order which they are listed.

**SECTION F**
- This section will be completed by the budget office and the department of human resources.

- Once the form is fully completed a copy will be returned to the department.