



POSITION ACTION FORM

HUMAN RESOURCES, ALUMNI 132, ML 5400 PHONE 513-745-3638

A	Position Title _____ Department _____		
	Supervisor _____ Department Org Number _____		
B	Type of action: <input type="checkbox"/> New Position <input type="checkbox"/> Replacement for _____ <input type="checkbox"/> Change in Position <input type="checkbox"/> Temporary Position <input type="checkbox"/> On-Going Supplemental Pay <input type="checkbox"/> Change in Position Wage/Salary Start Date _____ End Date _____ <input type="checkbox"/> Change in Funding Source Name, If Known _____ <input type="checkbox"/> Position Reclassification		
C	Weekly Working Hours _____ Salary Range/Hourly Rate _____		
	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 _____	

POSITION ACTION FORM INSTRUCTIONS

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.