

NEW POSITION REQUEST FORM

Department: _____

Job Title: _____

Full-time: _____

Part-time: _____

If Part-time; # hours/week: _____

Estimated
Hourly Rate: _____

Estimated
Annual Rate: _____

Effective Date Requested: _____

Section A: Estimated Annual Costs:

Base Wages _____

Overtime _____

Stipends _____

Clothing Allowance _____

Other (specify) _____

Subtotal Estimated Personnel Expense _____

Additive @ 40%
(Insurances, retirement, etc.) _____

Total Estimated Personnel Related Expenses _____

Non Personnel Related Costs
(Computer, office furniture, etc.) _____

Total Estimated Related Expenses _____

Section B: Duties to be Performed (attach supplemental page if needed):

Section C: Justification for the Request (attach supplemental page if needed):

Department Head: _____

Date: _____

Oversight Board or
TA Approval: _____

Date: _____

Personnel Board Recommendation:

Recommended: _____ Not Recommended: _____

Vote: _____

Date: _____