

**Position Requisition Justification Form**

This form **must** be submitted and approved by Hiring, Unit, Division Vice President, and President Wells prior to the submission of the Personnel Requisition and Position Description Questionnaire:

Requesting Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Requested Position/Job Title \_\_\_\_\_

\_\_\_\_\_ New Position      \_\_\_\_\_ Replacement Position

Name of former employee \_\_\_\_\_ Date Departed Position \_\_\_\_\_

New Position Rationale \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Essential Job Functions: \_\_\_\_\_ Same as for Previous      \_\_\_\_\_ Upgraded Job Functions

Narrative of Job Functions and Department Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List upgraded job functions \_\_\_\_\_

\_\_\_\_\_

**Budget Information**

Fund Code for Requested Position \_\_\_\_\_

Duration of Funding \_\_\_\_\_ Must be secured funding, not proposed funding

Proposed Salary for Position \_\_\_\_\_ Previous Salary \_\_\_\_\_

Proposed Status – Regular, Temporary, Full-Time, Part Time \_\_\_\_\_

Supplemental Information Related to Request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hiring Unit Supervisor      Date      Division Vice President      Date      President      Date