

Position Information

Existing Vacancy New Position (*completion of steps in section below required*)

One: Email a copy of Job Description to hr@hampshire.edu **Two:** HR has evaluated position for title & compensation

If new position, are existing budget funds available?

Yes – please indicate fund and budget line _____

No – please obtain President's signature _____

Explanation/Comments: _____

Position Title: _____ **Pay Grade:** _____

Monthly Paid/ Annualized Salary: _____ **Bi-Weekly Paid/Hourly Rate:** _____ /**Annualized Salary:** _____

Classification: Administrator-61101 Staff-61201 Intern-61303 Casual-61401

Dept. Standard Work Week: 35 hours 40 hours Other _____ **Scheduled Hours:** _____ **Hours of Work:** From _____ To _____

Employment Cycle Dates (*If less than 12 months – standard work months are whole months*) **From:** _____ **To:** _____

Position Type: (*please check appropriate box*)

Full Time/12 mos – FTE 1.0 Full Time/10 mos - FTE .83 Full Time/9 mos - FTE .75 Half Time – FTE .50

Other _____ (if work schedule is less than department standard and employment cycle is less than 12 months, please use the following calculation to determine FTE: Employee's scheduled hours divided by department standard = _____, Employment cycle months divided by 12 months = _____. Multiply, that will equal the FTE)

Funding Source: General Ledger Account Number: 80 90 0 _____

Department Fund Name/Grant Name: _____

Previous Incumbent's Name: _____ **TERM form sent to HR (date)** _____

Last Day Physically Worked: _____ **Reason for Leaving:** _____ **Close Vacated Position?** YES NO

Authorization – All signatures are required *

*1) _____
Budget Manager signature certifies position funds will be available in the indicated unit budget _____ Date _____

*2) _____
Division Head signature certifies necessity of requested position _____ Date _____

*3) _____
Associate V.P. for F & A signature certifies confirmation of available unit funding _____ Date _____

*4) _____
Human Resources signature certifies correct position data (classification/compensation/FTE) _____ Date _____

Instructions

Please complete all data concerning staffing needs, obtain required signatures and forward to Human Resource office for processing. Please contact the Human Resource office to discuss advertising strategies.

Human Resources Office Use Only

Position ID (Datatel) _____ **Internal Post Date:** _____
Dept. Abbreviation Object Code(3 digit) Title Abbreviation

Close Vacated Position? YES NO

Distribution by HR: HR Budget Mgr/Supervisor

SOC _____