

## 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) \_\_\_\_\_  
**Cabinet Member** signature certifies necessity of requested position      \_\_\_\_\_ Date

\*3) \_\_\_\_\_  
**Controller** 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    BO    Budget Mgr/Supervisor      SOC \_\_\_\_\_