

**Human Resources Department  
Full-Time Position Request Form**

*To Create Position, Refill, Reclassify, or Request Salary Increase*

**Instructions:**

This form must be completed when requesting or creating new full-time positions, refilling vacant positions, reclassifying positions, or requesting salary increases.

To justify professional employee staffing requests attach position description form.

To justify classified staffing requests attach CC-1 for new positions/refilling vacant or CC-2 for change in title or salary. Forms are found at: <http://www.sunymaritime.edu/hr/forms/>

**Routing:**

Submit through divisional administrative chain to Provost/Vice President. Provost/VP will forward all approved recommendations to Vice President for Administration-Chief Operations Officer for final submission to President's Staff.

**Position Information:**

Budget Title:		Item# (line):	
Dept:		Account#:	

**Action Requested:**

<input type="checkbox"/> Create New Position	<input type="checkbox"/> Refill Vacant Position	<input type="checkbox"/> Reclassify	Recommended Salary	
<input type="checkbox"/> Increase Salary from		<b>to</b>		
Professional Staff Recruitment Range (Required for requests to fill both new and existing positions.)				
<input type="checkbox"/> NO SEARCH	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input checked="" type="checkbox"/> Local Area	<input type="checkbox"/> SUNY Only <input type="checkbox"/> Campus Only

**Using space provided below, answer questions as appropriate to your request.**

1. For salary increases and reclassifications, describe how you would reallocate resources to accommodate this request?
2. For a new position, are you reallocating resources or requesting new funding?
3. If refilling a vacant position, please indicate line number and/or previous incumbent of position to be refilled.

**Note:** for reclassifications and salary increases, highlight changes in responsibility on the unclassified position description form (Section 3 Job Activities) or classified CC-2 form (#15) that justifies the request.

<b>Local Title:</b>
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Requested by:	Date:

Unit Head

**Requested Professional Obligation:**

<input type="checkbox"/> Academic Year (faculty only)	<input type="checkbox"/> Calendar Year (12 mth)	<input type="checkbox"/> College Year (10 month)
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	Signature	Date	Approve	Deny
Director/Dean/ Asst VP/Assoc VP			<input type="checkbox"/>	<input type="checkbox"/>
Provost/Vice President			<input type="checkbox"/>	<input type="checkbox"/>
Budget Office			<input type="checkbox"/>	<input type="checkbox"/>
Human Resources Director			<input type="checkbox"/>	<input type="checkbox"/>
President/VP-COO			<input type="checkbox"/>	<input type="checkbox"/>

**Note:**

Processing of this form will be delayed if all appropriate signatures are not obtained prior to submission to VP-COO. Incomplete forms will be returned to the originating department.