

**Human Resource Services  
Position Request Form**

IE Job ID#: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 20px;"></span>
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**Instructions:** This form must be completed when requesting or creating new full-time/part-time positions, refilling vacant positions, or reclassifying an existing position. To justify professional employee staffing requests attach position description memo. All forms are found on [www.sunymaritime.edu/hr/forms](http://www.sunymaritime.edu/hr/forms).

<b>Department:</b>	<b>Contact Person (Last Name, First Name)</b>	<b>Telephone Ext.#</b>
<b>FUNDING SOURCE (Complete for ALL Positions)</b>		
<b>Fund:</b> <input type="checkbox"/> PSR <input type="checkbox"/> TS	<b>Account# to charge:</b>	<b>Line #:</b>
<b>CREATE A NEW POSITION</b>		
<b>Budget Title:</b>	<b>Local Title:</b>	<b>Proposed Salary Range:</b> _____ to _____
		<b>Status:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<b>Professional Obligation (Select one only):</b> <input type="checkbox"/> Academic Year (10 Month) <input type="checkbox"/> Calendar Year (12 Month) <input type="checkbox"/> College Year (10 Month)		
<b>REFILL VACANT POSITION</b>		
<b>Budget Title:</b>	<b>Local Title:</b>	<b>Proposed Salary Range:</b> _____ to _____
		<b>Status:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<b>Previous Incumbent (if applicable)</b>	<b>Previous Incumbent Salary:</b>	<b>Separation Date:</b>
<b>Professional Obligation (Select one only):</b> <input type="checkbox"/> Academic Year (10 Month) <input type="checkbox"/> Calendar Year (12 Month) <input type="checkbox"/> College Year (10 Month)		
<b>RECLASSIFY EXISTING VACANT POSITION</b>		
<b>Current Title:</b>	<b>Current Salary:</b>	<b>Current Status:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		<b>Effective date:</b>
<b>New Title:</b>	<b>New Salary:</b>	<b>New Status:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<b>COMMENTS/SPECIAL INSTRUCTIONS (If applicable)</b>		

Request by: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE APPROVALS		DATE
Director/Dean/Asst. VP/Assoc. VP		
Provost/Vice President		
Budget Officer		
Human Resource Director		
President/VP-COO		

OFFICE USE ONLY - POSTING	SEARCH COMMITTEE MEMBERS	INCUMBENT HIRED - OFFICE USE ONLY
<b>IE Post Dates:</b> _____ to _____	1.	<b>Last Name, First Name:</b>
<b>SUNY Retrenchment Date:</b>	2.	
<b>Other Website/Date:</b>	3.	
1.	4.	<b>Appt. Effective date:</b>
2.	5.	
	6.	
		<b>Appt. End Date:</b>

**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.