



THIS FORM IS TO BE USED FOR THE CREATION AND ADJUSTMENT OF POSITIONS ONLY.

CLAFLIN UNIVERSITY POSITION RECOMMENDATION FORM

ACTION NO.	TRANSACTION TYPE	GRANT NAME (If Applicable)	DIVISION BUDGET	SPLIT % OR \$	POSITION CODE
	13	NEW POSITION	1		
	14	POSITION CHANGE*	2		
		PLACE CODE 13 OR 14 IN BOX AT LEFT	3		
			4		

GRANT TITLE (IF APPLICABLE)	DIVISION TITLE
None	
DEPARTMENT TITLE	POSITION TITLE

EFFECTIVE DATE	FISCAL YEAR CONTRACT PERIOD		P <input type="checkbox"/>	PERMANENT	ANNUAL SALARY RATE	SPLIT % OR \$
	BEGINNING DATE	ENDING DATE				
			N <input type="checkbox"/>	TEMPORARY (Recurring)		

SALARY TO SUPPORT THIS POSITION FOR FISCAL YEAR OF EMPLOYMENT	SOURCE OF FUNDS: <input type="checkbox"/> WITHIN DIV./ DEPT <input type="checkbox"/> EXTERNAL/ GRANT
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JUSTIFICATION

OLD POSITION TITLE - * FOR POSITION CHANGE ONLY
POSITION TITLE: _____
ANNUAL SALARY: _____
BUDGET NUMBER: _____

RECOMMENDED BY (NAME & TITLE)	DATE (mm/dd/yy)	SUPPORTED BY (NAME & TITLE)	DATE (mm/dd/yy)
VP RECOMMENDING APPROVAL	DATE (mm/dd/yy)	DIRECTOR OF HUMAN RESOURCES	DATE (mm/dd/yy)
ACCOUNTING DEPT	DATE (mm/dd/yy)	PRESIDENT	DATE (mm/dd/yy)
SPONSORED PROGRAMS (GRANTS APPROVAL) <small>(Needed for Grant Related Accounts Only)</small>	DATE (mm/dd/yy)		