



WAGNER COLLEGE

Position Request and Authorization

Department Head is responsible for completing the form and acquiring the necessary authorizations. Do not leave any section blank. Should you need assistance filling out this form, contact the Office of Human Resources.

Department: _____

Job Title: _____

Office Building _____ Room No: _____ Telephone Extension: _____

Individual to Contact: _____ Extension: _____

POSITION

Newly created Replacement Upgraded/Downgraded

Salary Range: _____ Anticipated Start Date: _____

If replacement, name of incumbent _____

WORK STATUS

Full-time/Permanent: (full workweek for more than three months)

Part-time/Permanent: (regular weekly schedule of less than 30 hours for more than three months)

Full-time Temporary: (full work week for less than three months)

Special: (hourly paid, emergency, part-time temporary or irregular hours)

If temporary, anticipated duration of employment shall be _____ weeks

FLSA CLASSIFICATION

Exempt: (Faculty, Administrative/Professional) Nonexempt: (Union or Non-union support staff)

JOB DUTIES AND RESPONSIBILITIES

As described on attached job description

ADVERTISEMENT: Please, indicate all that apply. All positions will be posted internally and on the College's Web HR page, unless an explanation for waiver is given. Attach a copy of advertisement.

Column Ad Display Ad On-line Ads (MNYSC-HERC, InsideHigherEd.com, HigherEdJobs.com)

Newspaper/Journal: _____

IT AND OPERATING NEEDS:

Please indicate all that are needed - not already available.

Desktop Computer Printer Laptop Network Wiring Telephone connection

Desktop Telephone Mobile Telephone E-mail account College Credit Card

Access to Jenzabar _____

Access to JICS _____

Software (other than standard) _____

Office Furniture _____

Office Maintenance _____

Comments: _____

FUNDING

College Grant

Position Budget Line No. _____ %: _____

Position Budget Line No. _____ %: _____

Start-up Budget Line No. _____ %: _____

AUTHORIZATIONS

Department Head Signature/Date: _____

Vice President/Provost Signature/Date: _____

Vice President for Business & Finance Signature/Date: _____

Position Request and Authorization Form has been reviewed by HR and

is acceptable

needs to be modified for the following reason(s):