

Position Review Committee Form

1 Action Type for Review:

Position Approval / Replacement

Reassignment / Functional title change

Stipend / Salary Increase

Reclassification

Substitute Appointments

2 Department Information:

Department

Requestor Name

Requestor Date

3 Position Information:

Title

Department

Job Status

Job Class

Hiring Manager

EL Member

Select Position Type

Fully On-Campus

Fully Remote

Hybrid

Employee Information:

Employee Status

Name/Title

Salary

Employee Status

Name/Title

Salary

For HR Use Only

HR Salary Recommendation

Reasoning for salary recommendation:

Position Review Committee Form

4 Justification:

Is the position immediately critical to meeting/sustaining accreditation requirements?

Is the position critical to fulfilling the department's core mission and/or strategic plan initiative?

If the position is not filled, does it create a safety concern or compliance issue?

How will the position be funded (if new funding or reallocating funds please provide details and the budget source)?

How will this increase be funded (include the department and object code)?

Please provide your justification below: (i.e. departmental plans, additional duties, time spent on new duties, employee accomplishments, etc.)

5 Requesting Approvals

_____ Requestor Name	_____ Signature	_____ Date
_____ Executive Leader Name	_____ Signature	_____ Date
_____ Budget/Finance Name	_____ Signature	_____ Date

Position Review Committee

Meeting Date