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	3			
		IN BOX AT LEFT	4			

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

EFFECTIVE DATE	FISCAL YEAR CONTRACT PERIOD			ANNUAL SALARY RATE	SPLIT % OR $
	BEGINNING DATE	ENDING DATE	P ☐ PERMANENT T ☐ TEMPORARY (Non-Recurring) N ☐ TEMPORARY (Recurring)		

SALARY TO SUPPORT THIS POSITION FOR FISCAL YEAR OF EMPLOYMENT	SOURCE OF FUNDS: ☐ WITHIN DIV./ DEPT ☐ EXTERNAL/ GRANT

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) (Needed for Grant Related Accounts Only)	DATE (mm/dd/yy)		