**College of Arts & Sciences**

**EHRA Non-faculty & SHRA Position Authorization Form**

*Departments should submit this form to the Dean’s Office HR Consultant to request authorization to create, modify or recruit for permanent EHRA non-faculty and SHRA positions in the College of Arts & Sciences prior to initiating position description forms and before initiating recruitment requisitions.*

**Request Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Request Type: | create a new position  modify an existing position\*  recruit for a vacancy | | |
| (Select all that apply.) | \*includes FTE or salary change |  |  |
| Department: |  | Department #: |  |

**Position Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position #: |  | Type: | EHRA  SHRA | Request Effective Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Incumbent: |  |  | Date Vacated: |  |
|  | *Resignation letter must be received prior to initiating recruitment.* | |  | *(if applicable)* |

***Existing positions:*** *Fill in the current position information below. Only list changes in the proposed column. If no change, leave this column blank.*

***New positions****: Fill in the proposed column only.*

|  |  |  |
| --- | --- | --- |
|  | **Current** | **Proposed** |
| Position Title  (required - all) |  |  |
| Competency Level (required – SHRA) |  |  |
| Pay Band | $      - $ | $      - $ |
| FTE |  |  |
| Employee Base Salary | $ | $ |
| Source of Funds\* |  |  |
|  | *\*Chartfield or type of funds (i.e. state, trust, grant).* |  |

Comments/Justification (required):

|  |
| --- |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Department Head Print Name |  | Department Head Signature |  | Date |

**Approvals – Dean’s Office Use ONLY**

Comments/Special Instructions (if applicable):

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| DO Budget Approver Print Name |  | DO Budget Approver Signature |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
| DO HR Approver Print Name |  | DO HR Approver Signature |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
| Sr Associate Dean Print Name |  | Sr Associate Dean Signature \* |  | Date |

CC: Dean’s Office HR Consultant

Associate Dean for Human Resources

Department Manager

**Instructions:**

Dean’s Office: Once all signatures are obtained, the signed copy should be uploaded to the position authorization database, if applicable, or copy retained in department file.

Department Manager: Once all signatures are obtained, initiate appropriate forms to take action on the position.

*\*For SHRA positions, will accept Associate Dean for HR signature, in lieu of SAD.*