POSITION JUSTIFICATION REQUEST FORM

The purpose of this form is to provide the organizational justification for either
1) filling a vacant position, 2) creating a new position, or 3) requesting a job classification review

This form must be completed prior to creating a Request for Position Authorization (RPA) within Interview Exchange. Once completed, please forward this form and all relevant documents to the Division Head for approval and then to the Department of Human Resources. An up to date job description should accompany this form.

Job Title: ______________________________________________________
Division/Department: ____________________________________________
Position Reports To: _____________________________________________
Submitted By: _________________________________________________

Reason for Request

☐ New Position ____________________________________________
   (title)
☐ Replacement Position ________________________________________
   (title)
   a. Date the position vacated _________________________________
   b. Employee being replaced __________________________________
   c. Reason for vacancy _______________________________________

☐ Job Classification Request (new or existing) ______________________

Compensation Review (Attach Job Description and Organizational Chart)

1. Has the job description been revised with the changes highlighted and reviewed by Compensation? Yes ☐ No ☐
   (If Yes, please go to question 3 and complete to question 6
   (If No, please complete questions 2 through 6; attach job
description and organizational chart for review by
Compensation)

2. Has the supervisory or budgetary responsibility level or complexity of duties changed for the position? Yes ☐ No ☐
   If yes, please describe.
3. Why is the position needed?

4. How many similar positions do you have in the department? Please provide all similar titles.

5. Can the duties be performed by any of the following choices?
   
   - ☐ Y  ☐ N  ☐ Consolidate into an existing position?
   - ☐ Y  ☐ N  ☐ Change to part time (less than 30 hours per week)
   - ☐ Y  ☐ N  ☐ Convert to a 9, 10 or 11 month position?
   - ☐ Y  ☐ N  ☐ Redistribute to other positions?

   If not, please indicate why the above reasons are not appropriate.

6. What other forms of compensation and dollar amounts do you plan to provide with this position? (e.g. housing accommodations, bonus etc.) Please list the amount and reason for compensation.

Division Head Signature __________________________ Date ______________
Comp. Review Signature __________________________ Date ______________
Employment Review Signature ______________________ Date ______________