Minnesota State University Moorhead
Classified Position Form

____ New Position ____ Change Position ____ Fill Vacancy

General Information

Department/Program: _____

Cost Center: _____ Budget Implications: Salary: $_____ Fringes $_____

Position Title: _____ Position Number:_____

Position Description is: ☐ Accurate ☐ In the process of being revised ☐ Not Applicable

Previous Incumbent: (if applicable): _____

Proposed FTE: _____

☐ Full-time ☐ Part time ☐ Seasonal

☐ Emergency (not to exceed 45 working days) ☐ Temporary (not to exceed 12 months)

☐ Days and Hours of work:_____

☐ Funding Change (from _____ to _____)

☐ Change in FTE (from _____ to _____)

Justification/Explanation

Requesting Signatures

_____

Immediate Supervisor Date

_____

Dean/Director/Manager Date

Approving Signatures

_____

Division Vice President Date

_____

President Date

Budget Authority Approval

_____

Budget Officer Date

(Forward completed form to Human Resources)