SPH Position (& Position Change) Justification Form

FOR TIMELY RESPONSE, PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE.

Position Title AND (if applicable) Name of Appointee:	**Date of Request:** Click or tap to enter a date.

ACADEMIC APPOINTMENT ☐   **STAFF APPOINTMENT** ☐

Manager (or PI) Name and Title: _____

Department:	**Budgeted:** Yes ☐ No ☐
Full time: ☐ **Part time:** ☐ **%FTE:** _____	**Hours Per Week:** _____

Position (or request) is:
 	
   Extension ☐   **New** ☐   **Replacement** ☐
 	
   Promotion ☐   **Federal Work Study Student** ☐
      (School pays 30%, Feds pay 70%)
   Other ☐ :
 	
   _____
   (e.g. rate increase, FTE increase)
	If Replacement, previous incumbent:
	_____
	
	Salary (or rate) of previous incumbent (or previous salary or rate, if increase request):
	
	$ _____

Costing String(s) AND % effort if multiple strings: _____	
Is this position fully deployable now? **Yes** ☐ **No** ☐	**Current end date if applicable:** Click or tap to enter a date.

1. **Briefly describe the need for filling this position and its impact on the department, program, or research group. How is this work "mission critical"?**

2. **If not approved, what would happen to the work? What work would not be done, what work would be delayed, etc.? What would be the impact?**

3. Include any necessary quantitative data on workload volume or other supporting factors:

4. Please list projected costs in current fiscal year to fill the position:

Salary: $ _____

Fringe: $ _____

Hiring Manager's (or PI's) Signature: _____ **Date:** _____

Director of Administration Signature: _____ **Date:** _____
(Must be signed prior to the review committee meeting)

Approval of Workforce Working Group: _____ **Date:** _____