

Completing a Position Authorization Form

SECTION 1 - Action/Reason

<u>Effective Date:</u>	Date the Position Authorization (PA) action is effective
<u>Position Number:</u>	Preprinted for existing positions; blank for new positions
<u>Post/No Post:</u>	Use for filling new positions or when replacing a current vacant position
<u>Action/Reason:</u>	Select the appropriate reason(s) for Authorization ⇒ New Position: create a new position ⇒ Replacement: fill a currently vacant position ⇒ Changes to Position: change attributes of a position ⇒ Changes to Position with Appointment Extension: change attributes of a position while concurrently extending a terminal appointment ⇒ UCCS Re-Evaluation: select when requesting a rewrite of an existing Staff Compensation System position <ul style="list-style-type: none">• Attach a completed Job Profile Questionnaire to the PA

SECTION 2 - POSITION DATA

<u>CURRENT POSITION DATA:</u>	This column is preprinted with current position information. ⇒ If creating a new position, this column will be blank ⇒ If there appears to be discrepancies in this section, contact the Office of University Budgets (7-4275)
<u>REQUEST/CHANGE:</u>	Indicate changes to position data here ⇒ Position Grade and Pay Type are determined by Human Resources and can only be changed via a Requested Reevaluation ⇒ If position is terminal, indicate Appointment Ending Date ⇒ Position FTE will be calculated by the Office of University Budgets ⇒ Incumbent information reflects data from the last incumbent to hold the position (even if position is currently vacant)
<u>BOTTOM SECTION:</u>	⇒ If filling a position, indicate the date the position will be vacant and the date the position can be filled ⇒ Indicate the shift the incumbent will be working ⇒ If transferring/promoting an incumbent from within the department, indicate person here (this is a NO POST) ⇒ If filling a position, and the Hiring Agent wants HR Services to Prescreen Applicants, circle "YES" (otherwise circle "NO") ⇒ Complete the Contact Person's/Hiring Agent's Name & Phone Number ⇒ ALWAYS indicate the funding source for the position ⇒ Comments are encouraged for clarification

AUTHORIZING SIGNATURES

The Department Chair/Director/Supervisor signs the form first, and forwards the form to the next office. Each office is responsible for forwarding the form to the next office.