

Position Number Creation Request Form

If the request is for a **regular graded** position, then please access the [Staff Position Action Request Form](#)

Today's Date:

Requested by:

Effective Date:

Supervisor's Name:

Supervisor's Position Number:

Organizational Unit #:

Select the Requested Job Title:

Student, Temporary, & Other

Faculty

Extension County Office

* Faculty positions require prior approval.

Please provide a brief job description:

* Is this position for a post retirement appointment?

Retiree's Name:

FTE:

Master Cost Center:

1018 (default cost distribution):

Will this position have supervisory responsibilities?

If supervisory, please list the position number(s) of the direct reports: If applicable, provide CNS Cost Distribution:

* Please attach the approved post retirement appointment form.