

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.

Justification for Requested Action

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 _____