BU School of Public Health

People Action Form

Guidelines

The purpose of this form is to initiate the process to 1) creating a new position, 2) requesting a replacement position, or 3) requesting a job reclassification.

This form must be completed ***prior*** to submitting a request through SAP. Once completed, please forward this form and any required documentation to People Services for approval. A current position description should accompany this form.

Reason for Request

Please select a reason

Requestor: _____

Department: _____

Position Information

Position Title and Number: _____

Position Reports to: _____

Funding Source and Funding End Date: _____

Proposed Salary: _____

Is adequate office space available to accommodate this person? ☐Yes ☐No

Justification for Requested Action

1. Please provide a detailed reason and justification for this request. Please explain why this action is needed.

2. How many similar positions do you have in the department? Please provide all similar titles and current incumbents.

3. What are the consequences of not filling this positon?

Approval

Chair/Manager Signature: _____

Director of People Services Signature: _____

Email signed PDF and attachments to: sphpeopleservices@bu.edu