

REQUEST FOR POSITION ACTION

PSEUDO NO. _____

REQUESTING COLLEGE, DIVISION/DEPARTMENT, PROGRAM:

1. TYPE OF ACTION REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> 1. ESTABLISHMENT OF NEW POSITION
<input type="checkbox"/> 2. REDESCRIPTION OF POSITION FOR REVIEW
<input type="checkbox"/> IDENTICAL TO POSITION NO. _____
<input type="checkbox"/> 3. CONTINUATION OF TEMPORARY POSITION | <input type="checkbox"/> 4. FILLING OF ESTABLISHED POSITION VACANCY
<input type="checkbox"/> 5. FILLING POSITION TEMPORARILY NTE _____
<input type="checkbox"/> 6. NOTICE OF ABOLISHMENT OF POSITION
<input type="checkbox"/> 7. |
|---|---|

2. TYPE OF POSITION

-
1. PERMANENT
-
-
2. TEMPORARY NTE _____
-
-
3. TEMPORARY TO PERMANENT

3. POSITION CONTROL

-
1. WITHIN AUTHORIZED CEILING
-
-
2. BEYOND AUTHORIZED CEILING
-
-
3. NO CEILING

4. FUNDS AVAILABLE

- | | |
|---|---|
| <input type="checkbox"/> 1. GENERAL
<input type="checkbox"/> 2. SPECIAL
<input type="checkbox"/> 3. FEDERAL | <input type="checkbox"/> 4. REVOLVING
<input type="checkbox"/> 5. TRUST
<input type="checkbox"/> 6. |
|---|---|
- (Indicate details in space provided for justification)

5. POS. NO.	6. POSITION TITLE	7. CLASS CODE	8. PAY RANGE	9. B.U.	10. ORG CODE	11. ISL'D
12. ACCOUNT CODE	13. PERCENT	14. TIME AUTH.	12. ACCOUNT CODE	13. PERCENT	14. TIME AUTH.	

JUSTIFICATION FOR ABOVE REQUESTED ACTION (Attach additional sheets if more space is required)

DATE SIGNATURE OF DEAN, DIRECTOR OR DESIGNEE

APPROVED DISAPPROVED RECOMMENDATIONS:

DATE SIGNATURE OF FISCAL OFFICER

APPROVED DISAPPROVED REMARKS:

DATE DIRECTOR OF UNIVERSITY BUDGET
(FOR EXECUTIVE/MANAGERIAL POSITION REQUESTS ONLY)

APPROVED DISAPPROVED REMARKS:

DATE PRESIDENT, UNIVERSITY OF HAWAII, OR DESIGNEE

REMARKS:

DATE SYSTEM DIRECTOR OF HUMAN RESOURCES