

Hiring Review Justification Form

Instructions

New position requests, reclassifications with salary adjustments, salary adjustments, and job postings must be submitted to the Hiring Committee for approval prior to implementing the change.

Contact Information				
Dept/College:	Date:			
Dept/College Contact Name:	Email:			
Position Information				
Position Title:				
Position Number:	Position Reports to:			
Proposed Salary:	_			
New Position Reclassification with Salary Adjustme	ent 🗌 Salary Adjustment			
Replacement When Vacated:				
Employee Being Replaced				
Reason for Vacancy				
Is funding budgeted for this position?	eted 🗌 No, Unbudgeted			
How is the position being funded:	s 🗌 Institutional Funds 🗌 Other			
If source of funding checked above is "other" please explain.				
Please provide FOP/FOAP:				
Justification				
1. Is the position immediately critical to meeting/sustaining ad	ccreditation requirements? Yes No			
2. Is the position immediately critical to fulfilling the department's teaching mission? Yes No				
3. How will the position support the academic/department are	a(s)?			

4. How will this work be done if approval cannot be granted and by whom? Please provide titles and names, if known.

5. Is there another TTU employee who is qualified to perform these duties?

6. How long has the position been vacant? (If more than one month, please explain how the work has been accomplished.)

College/Department Approval

Dean/AVP Approval:	Dean/A	VP Ap	proval:
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Process

Please submit the following documents to the Hiring Review Committee at hrc@ttu.edu

Hiring Review Justification Form

Position Description

Organizational Chart

Hiring Determination

Position Approved

Position Not Approved

Hiring Review Committee Signature:

Date:

Date: