

New Position/Reclassifications Request for Approval and Review

Department Contact Information:

Date: _____ Contact Name: _____ Email: _____
Title: _____ Phone Number: _____ Extn: _____
Department Name: _____ Organization Code: _____

New Position Request:

Select Position: _____ Select S/P: _____ Security Level (TTU/S only): _____
Position Class Code: _____ Title: _____ FTE: _____
Monthly or Hourly Rate: _____ Home Organization: _____ Date: _____
Estimated Annual Cost \$ _____

Note: New positions will become effective at the beginning of the first payroll period following the final approval date.

Labor Distribution (Funding Sources):

(Use comment sections if explanation is needed)

| | | | |
|------------|-------------|------------------------|------------------------|
| COA: _____ | FOAP: _____ | Account Percent: _____ | Annual Amount \$ _____ |
| COA: _____ | FOAP: _____ | Account Percent: _____ | Annual Amount \$ _____ |
| COA: _____ | FOAP: _____ | Account Percent: _____ | Annual Amount \$ _____ |

Reclassification of an Existing Position Number:

Home Organization: _____ Current Position Number: _____
Incumbent Name: _____ Tech ID: _____
FTE: _____ Eclass: _____ Monthly Salary/Hourly Rate: _____
Current: Position Class Code: _____ Title: _____
Proposed: FTE: _____ Eclass: _____ Monthly Salary/Hourly Rate: _____
Position Class Code: _____ Title: _____
Estimated Additional Annual Cost \$ _____ Effective Date: _____

Note: Reclassifications will become effective at the beginning of the first payroll period following the final approval date.

Labor Distribution (Funding Sources):

(Use comment sections if explanation is needed)

| | | | |
|------------|-------------|------------------------|------------------------|
| COA: _____ | FOAP: _____ | Account Percent: _____ | Annual Amount \$ _____ |
| COA: _____ | FOAP: _____ | Account Percent: _____ | Annual Amount \$ _____ |
| COA: _____ | FOAP: _____ | Account Percent: _____ | Annual Amount \$ _____ |

**Comments/
Justification:**

Approvals:

| | |
|-------------------------------|-------------|
| Department Head: _____ | Date: _____ |
| AVP/Dean: _____ | Date: _____ |
| Provost/Vice President: _____ | Date: _____ |
| HR Compensation: _____ | Date: _____ |
| Budget: _____ | Date: _____ |

The completed and signed form should be delivered to:

TTU/TTUS

MAIL: TTU Human Resource Services, Mail Stop 1093;

EMAIL: hvs.compensation.operations@ttu.edu

| | | |
|---------------------|--------------------------------|--|
| HR Use Only: | Approved Position Number _____ | Approved Security Level (TTU/S only) _____ |
| Eclass: _____ | FLSA: _____ | Pay Grade: _____ |
| | LCAT: _____ | BCAT: _____ |
| | | Date: _____ |
| | HR Approver: _____ | |