

POSITION REQUEST FORM

This form must be submitted prior to the creation of any new position or the reclassification of a filled position except:

- Replacement of tenure-track faculty vacancies
- Newly created endowed chairs and professorships
- Any position fully (100%) funded through sponsored sources (Positions only partially funded through sponsored dollars are subject to the review process)
- Part-time teaching instructors & lecturers
- Teaching assistants, research assistants, and any other student hires

Candidate searches and approvals to extend offers for the above types of positions will continue in accordance with current protocol and policies.

Department Information	
Requesting Dept/Unit:	Dept Number:
Dept/Unit Contact Name:	Contact Phone Number:
Dept/Unit Contact Title:	
Position Information	
Position Number:	Desired Position Start Date:
Position Title:	
Category (<i>select one</i>) <input type="checkbox"/> Academic <input type="checkbox"/> Research <input type="checkbox"/> Administration/Business	
Type of Position: <input type="checkbox"/> Regular – Benefits Eligible Appointment (75% time or greater) <input type="checkbox"/> Regular – Part Time/Not Benefits Eligible (less than 75% time) <input type="checkbox"/> Temporary (Tech Temp or Retired But Working)	
Anticipated Percent Time:	
Anticipated Salary: <input type="checkbox"/> Annual <input type="checkbox"/> Hourly	
Funding Source(s):	
Position Status: <input type="checkbox"/> Replacement – position vacant <input type="checkbox"/> Replacement – current incumbent but anticipate vacancy (resignation or termination) <input type="checkbox"/> Filled (Re-evaluation of position or equity/salary review request) <input type="checkbox"/> New Position	
If this position is not filled or re-evaluated,, the following would be affected: (<i>check all that apply</i>) <input type="checkbox"/> Students <input type="checkbox"/> Accountability <input type="checkbox"/> Academic programs <input type="checkbox"/> Research efforts <input type="checkbox"/> Revenue generation <input type="checkbox"/> Other: _____	

Please explain the rationale for requesting the position or re-evaluation, including the critical nature of the position and the impact to the dept/unit if the position is not filled or re-evaluated:

Dept/Unit Approval	
Chief Academic/Administrative Officer Name and Title (please print): <i>(this individual should report directly to the Provost or Executive Vice President)</i>	
Chief Academic/Administrative Officer Signature:	Date:
Decision – For Office Use Only	
The above request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments:	
Provost or Executive Vice President Signature:	Date:

INSTRUCTIONS:

1. This form must be completed and authorized by the Chief Academic/Administrative Officer of the requesting unit/department.
2. Signed form must be routed as follows:
 - **Academic Units**
 - c/o Jennifer Herazy (Office of the Provost) for Provost approval.
Form may be submitted via email to prf@gatech.edu, via fax at 404.894.1866, or via campus mail to 0470.
 - **Administrative/Business Units**
 - c/o Tina Clonts (Institute Budget Planning and Administration) for EVP approval.
Form may be submitted via email to tina.clonts@business.gatech.edu, or via fax at 404.894.7229.
 - **Research (IRC) Units**
 - c/o Monique Tavares (Office of the Executive Vice President for Research) for EVPR approval.
Form may be submitted via email to prf@gatech.edu, via fax at 404.894.1866, or via campus mail to 0470.

PLEASE NOTE: Forms submitted without authorizing signature will NOT be accepted. To submit via email, signed form must be scanned so that signature can be verified.