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Seattle Pacific UNIVERSITY

Human Resources

3307 3rd Ave W Suite #302
Seattle, WA 98119-1957

Position Revision Proposal

Complete this form for the following action(s) please check all that apply:

Add new position – Complete Section 1, 1.1, and 2 through 4

Increase FTE for existing position – Complete Section 1, 1.2, and 2 through 4

Salary increase in excess of 10% – Complete Section 1, 1.2, and 3 through 4

Classification/Salary Review ONLY – Complete Section 1, and 2 through 4

Reason - please check one:

New position – Complete Section 1.1

Job duties have shifted/changed for current or open position – explain in section 2.7

Review of current compensation classification range – explain in section 2.7

note: signature of VP for Administration and University Relations is required on the Classification Review when requesting an FTE increase or salary increase by more than 10%.

Attach a copy of the original job description (if proposing a change to a current or open position) **and** the revised/new job description with ADA Checklist (http://www.spu.edu/depts/hr/forms/job-description_1204.doc).

Section 1			
Position Title	Incumbent (if position currently filled)	Department	Date Needed
1.1 New Position (Attach Recruiting Requisition. Authorization signatures only required on page two of this document.)			
Proposed FTE	Appointment Period (months)		
Expected Salary (from Classification Review)	Service Period (if different from appointment months)		
1.2 FTE Increase/Salary Increase by more than 10%			
Current FTE	Current Salary		
Proposed FTE	Proposed Salary		

Section 2 Reasons for request (attach additional sheets if necessary)
2.1 Expected benefits that will be achieved as a result of this increase
2.2 Will department productivity or volume of output be increased? Please describe.
2.3 Will position reduce expenses (e.g., intangible costs or tangible costs such as overtime wages)?

Without this position

2.4 Describe how service levels will be impacted, if applicable?

2.5 Describe job duties or responsibilities that will not be performed.

2.6 How will workload be reallocated (include use of alternative resources if position is not approved)?

2.7 Additional Information to support this request:

Section 3 Financial Budget Allocation

Please list all budget sources where the expense will be charged. If needed provide completed Budget Transfer Request located at <http://www.spu.edu/depts/finance/forms/BudgetChangeRequest.xls>

Fund	Org	Acct	Amount \$

Please follow signature authorization below. Information concerning signature authorizations may be found at http://www.spu.edu/depts/hr/supervisor/hiring_policies/hiringpoliciesnew.htm#process

Section 4 – Required Signatures

1. Department Head/Dean _____
Date

2. Finance Office _____
Date

3. Area Vice President _____
Date

4. Vice President for AUR *(FTE increase or salary increase by more than 10%)* _____
Date

5. President *(Director level positions or above)* _____
Date

For Office Use Only:

REC REQ	CR	NBAPOSN	ZEAEBSE	Finance Email
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