

Request for Position Replacement or Addition

Position		Date of Opening	
Department		Unit Number	
Requested by		Date of Request	
Name of Employee being Replaced OR <input type="checkbox"/> New Position Title			
Reason for Replacement			
<input type="checkbox"/> Transfer to Unit and Department		<input type="checkbox"/> Employment Termination Effective Date	
<input type="checkbox"/> Promotion to		<input type="checkbox"/> Demotion to	
Job Description/Qualifications			
<input type="checkbox"/> Current position description applies		<input type="checkbox"/> Changes or additions noted on position description	
Comments			
Approval			
Manager		Date	
Director		Date	
Deputy Director		Date	
Executive Director		Date	
Human Resources use ONLY			
Date		Approval	
Post from	Post to	Assign to	
Pay Grade		Position Filled by	
Position Number		Effective Date	
Comments			