

NEW ADMINISTRATIVE/PROFESSIONAL POSITION JUSTIFICATION

DATE: _____ DEPARTMENT: _____

PROPOSED CLASSIFICATION: _____

1. Please complete and attach the Administrative/Professional Position Description Form (AP-9).
2. Attach an organizational chart.
3. Are these duties and responsibilities new to the department?

_____ Yes _____ No

IF YES:

- A. Who authorized these new duties and responsibilities?
- B. Describe the new service to be provided.
- C. From where were they assigned or reassigned (Federal, State Requirement, etc.)?

IF NO:

- D. Who performed these duties?
- E. Why are they now required?
- F. If an hourly or classified performed these duties previously, what justified the change?

SUBMITTED BY: _____ DEPARTMENT HEAD: _____

PROVOST/VICE PRESIDENT APPROVAL: _____

FUNDS AVAILABLE: _____ YES _____ NO ACCOUNT NO. _____

DIRECTOR OF PLANNING AND BUDGET _____

DIRECTOR OF HUMAN RESOURCES _____