



**CSU
PUEBLO**

Position Request Form

This form must be completed and approved prior to the creation of any net new position. Please complete all sections and obtain the necessary signatures and submit the form to HR once completed.

Position Title: _____ FTE: _____ Department: _____

Position Type: Classified Administrative Professional Faculty

Term of Position: Regular Term Limited: _____

Justification for Position:

Brief Overview of Expected Duties:

Budget Salary Maximum: _____

(Compensation analysis will be conducted to determine salary range with finalized position description)

Account Number(s): _____

If grant funded, grant expiration date: _____

Comments:

Approval Certification (in order listed):

Area Vice President: _____ Date: _____

Chief Financial Officer: _____ Date: _____

CFO: Discretionary Funds Available? Yes No: _____

University President: _____ Date: _____