



POSITION FORM

This form is used to create a new position, change a position, or inactivate a position.

If new position choose one: Addition to Staff Correction
 Replacement Explain: _____

SECTION I. POSITION INFORMATION

Position Number (required for changes or to inactivate): _____

Update Incumbent? Yes Incumbent Name/Empl ID# _____
 No

Effective Date: _____ Reason: _____ Business Unit:
MM/DD/YY

Department #: _____ Department: _____ Building Location: _____

Office Use Only: Job Code: _____ Salary Plan: _____ Grade or Band: _____

SECTION II. POSITION DESCRIPTION

Position Title: _____

Register Title (for exempt positions): _____

This position reports to Position Number: _____

Duty Time: _____ Actual Pay Periods: _____ Full-Time
 Part-Time

SECTION III. SUPERVISOR LEVEL INFORMATION

- 1) Does the person who holds this position need to receive general University office-head mailings?
 Primary Secondary No
- 2) Is the person who holds this position the primary department head for merit increase (MIP) processing?
 Yes No
- 3) What is the manager level of this position?

PPPL Only: Home Organization Demographic: _____

Comments: _____

 Authorized Department Signature Date

 Authorized Human Resources Signature Date

 Print Name

 Print Name

Fax or mail to your Office of Human Resources:

- Main Campus HR – 8-2420, 2 New South
- PPPL Human Resources - 243-2050, MS33 C-Site