

University of Houston System - Position Request Form

Date: _____

Requested Action:

Type of Position:

Benefits Eligibility:

Staff Replacement:

Section 1: Department and Contact Information

Position #:

Campus: Div: Dept: Loc:

Dept. Name: Dept. Contact:

Extension: Email Address:

Section 2: Position Information

Incumbent Name: Previous/Current Empl ID:

	Pos#	Title	Job Cd	Sal Pln	Sal Grd	FTE	Head Ct	Ann Sal	Pos Effec Dt
Current:									
Proposed:									
<i>For Human Resources Entry only</i>									
Approved:									

Appr Action: Hiring Range From: To: Hourly/Monthly? Ret Prog:

Benefits Elig: Pre-Employment Physical (UHD only):

Security Sensitive:

Remarks:

Human Resources _____ Date _____

Section 3: Position Budget and Funding Information

Transaction Type: Grant? Grant Ed Dt:

FTE: Head Count: Total FTE: Adds to FTE Count:

G/L

Fund Eff	PS Acct Code	Bus Unit	Fund	DeptID	Program	Proj/Grt	Acct	Distrb %

Date

Date

Section 4: Signatures

Date

Date

Date

Date

Section 5: Job Posting Data

Job Posting Required?

Posted Date: Closed Date: Emp. Rep.: Job Posting#:

Selected Applicant: Start Date: Pay Rate: