

**Student hires, lecturers, non-benefit eligible temps and all positions in the Division of Industry and Defense Programs are exempt from this process.

Position Action Request Form

Note: For this form to work properly, you must "Save As" to your computer, and then open the saved copy with an Adobe product (e.g., Adobe Reader or Acrobat). You will then be able to complete the required sections of the form and submit it for approval.

This is the first step in the process for changes to benefit eligible staff and faculty positions** such as: filling a vacant or new position, search waiver, emergency hire, implementing an off-cycle pay change, and/or a promotion/demotion/transfer of an employee. This request must be reviewed for approval by the divisional leadership before additional steps can be taken or offers can be made.

The steps of the process and approvals are noted in the final page of the document. After all approvals/reviews are complete, Human Resources will communicate to the department requestor confirming that the form has been received with all appropriate approvals, and next steps that need to be taken.

Note: 1) A <u>Teaching Supplemental Information</u> or a <u>Non-Teaching Supplemental Information</u> form must be submitted with all requests. 2) A resume must be submitted with all requests related to an off-cycle pay change, search waiver, or emergency hire.

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Requesto		HR Compensation (Review)		niversity Budget Office	\searrow	Budget Officer	\gg	Budget Review Officer	\nearrow	Divisional Officer	Processed	
Submits to Sends to University marketbasedcomp Budget Office @wichita.edu Note: The action requestor services		Budget Officer		Departr Revie	Sends to Department Budget Review Officer				employment hita.edu for ocessing	Processes request		
escription of		·	snoula t		questor	•	nans unr	ougnout ea	Ext	• •	Date:	
ype of Request:	: Search New Position Replacement Position, vacated by: Non Search Emergency Hire (Policy 3.21) Search Waiver (Policy 3.29) Off-Cycle Pay Change Workforce Transition (Promotion/Demo					Approver name:						
Name: /isa Status:					WSUID:			External Email:				
isa Status Requir		an individual is in to os are taken prior to						oosition, th	e depart	ment and HR	must coordinate to	
osition Informa	tion:											
Non-Teaching Job Code:			Non-Teaching Job Code Title:									

Position Designation:

U Designation:

Working Title:

Position #: _____ FTE: ____ Fund, Org and percent: ____

Fund, Org and percent (if split): _____ Fund, Org and percent (if split): _____

Additional Funding Comment (example, Stipend): _____ E Class: _____

If Grant funded position, Research Payroll approval is required. Has approval been received (if applicable)?

Salary/Hourly Pay Rate: Shift Schedule:

Export Compliance Validation Requirement:

For information to determine if validation is needed for this position requiring a US Person or US Citizen, click here: Export Compliance Information

Justification Information:

Business need for requested working title:
Business need for Emergency Hire or Search Waiver:
Criticality of Position (select most accurate option and justify; Divisional Officer to confirm selection):
Faculty Criticality (include drop-down with reason and points)
Staff Criticality (include drop-down with reason and points)
Justification (please structure your narratives within the text boxes; additional pages may be attached if necessary): Explain the justification for this request. For teaching, provide historical and projected data on student credit hours generated. For non-teaching, provide historical data on workload (client appointment counts, number of students processed, etc.).
Additional information for this request, include how any position salary change or new position will be funded:

Chair/Director and review of current workloads of faculty/staff in this unit. This form is fillable with digital signature capabilities through Adobe Acrobat and should be submitted electronically for approval signatures. Date Requestor Next: submit this form and attach Teaching/Non-Teaching Supplemental Information Form for PeopleAdmin to HR Compensation for review (marketbasedcomp@wichita.edu). HR Compensation (reviewed) Next: send this form and all supporting documentation to the Budget Office for review; cc: the requestor for status update. Date University Budget Office Next: send this form and all supporting documentation to the department's Budget Officer for approval; cc: the requestor for status update. Date **Budget Officer** Next: send this form and all supporting documentation to the department's Budget Review Officer for approval; cc: the requestor for status update. Date Budget Review Officer Date Vice President (if applicable) Next: send this form and all supporting documentation to the Divisional Officer for approval; cc: the requestor for status update. Date **Divisional Officer** (President, Executive V.P. & Provost, or V.P. of Finance & Administration) Next: once all approvals are complete, send this form and all supporting documentation to HR Talent Acquisition (employment@wichita.edu). Budget Impact (to be completed by the University Budget Office): Funds are available Additional funds are required University Budget Office Initials: Human Resources Review (to be completed by Human Resources): Exempt (salaried) Non-Exempt (hourly) HR Compensation Initials: Pay Range: \$ Position # (if new): PClass/Job Code: _____ Working Title Approved: Yes No Title: **HR Notes** (to be completed, as needed): HR Operations (confirmation of data entry labor percentages): Posn #: Fund: Account: Amount: Lahor %: **Budget Notes** (to be completed, as needed): Divisional Officer Notes (to be completed, as needed):

I support this request based on my determination that resources are being fully and appropriately utilized in this unit including discussion with the