

Position Request Form
Kentucky Wesleyan College

Purpose of request:

- Change a position and/or the employee in a position (use Current and New Position columns below)
- Rehire a vacant position (use the Current and New Position columns below)
- Add a position (use the New Position column below)

	Current Position	New Position
Title		
Dept.		
Type	<input type="checkbox"/> faculty <input type="checkbox"/> exempt staff <input type="checkbox"/> nonexempt staff	<input type="checkbox"/> faculty <input type="checkbox"/> exempt staff <input type="checkbox"/> nonexempt staff
Hours per week	<input type="checkbox"/> full-time: 40 or more <input type="checkbox"/> part-time: <input type="checkbox"/> 21-29 <input type="checkbox"/> 11-20 <input type="checkbox"/> 1-10 <input type="checkbox"/> varies or unknown	<input type="checkbox"/> full-time: 40 or more <input type="checkbox"/> part-time: <input type="checkbox"/> 21-29 <input type="checkbox"/> 11-20 <input type="checkbox"/> 1-10 <input type="checkbox"/> varies or unknown
Months per year	<input type="checkbox"/> year round <input type="checkbox"/> other: provide time period _____ thru _____	<input type="checkbox"/> year round <input type="checkbox"/> other: provide time period _____ thru _____
Wage	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> season <input type="checkbox"/> year	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> season <input type="checkbox"/> year
Acct.		
Other details		

Signatures

	Approve Decline	
Position Supervisor:		Date: _____
Cabinet Officer:		Date: _____
V. P. of Finance:		Date: _____
College President:		Date: _____

Submit completed form to Human Resources.

Human Resources: Received on _____. Shared with Director of Budgeting on _____.