

This form must be submitted to the Central Human Resources (CHR), Health HR, or Branch Campus HR for review and approval prior to initiating recruitment for temporary employees with salaried appointments in job code 0013 (Other Professional (Support/Service)). Employees in this job code must meet the requirements to be considered exempt from the Fair Labor Standards Act, which includes a minimum biweekly salary of \$1,368 or a weekly salary of at least \$684. Temporary appointments are intended for short-term, limited duration appointments. The working title and corresponding pay rate is expected to align with a current Administration job classification.

Instructions: To ensure efficient processing, please provide complete responses with sufficient detail to allow for a thorough understanding of the role this position will fill for the department.

ANTICIPATED START DATE	
DEPARTMENT INFORMATION	
Department Name:	Department ID:
Supervisor Name:	Supervisor's Position Number
POSITION INFORMATION	
Proposed Job Code:	Proposed Job Title:
FTE:	Proposed Pay Rate:
Employee ID:	Employee Name:
What is the business need for this request? Please describe the changes that have prompted submission.	
APPOINTMENT PURPOSE	
What role or need will the appointment fill? Provide a summary of this position.	
What is the anticipated duration of need for this appointment?	
If this appointment is expected to last longer than one year, please provide rationale for using a temporary position rather than a regular grant-funded position.	

DUTIES AND RESPONSIBILITIES

List the position’s essential duties and responsibilities. Refer to CHR’s [Position Description](#) webpage for additional information on developing a position description.

- **Description:** Group similar duties into 4 to 6 major functions.
 - A **Function** is a group of duties that constitute one of the distinct and major activities of the position.
 - A **Duty** is a detailed description of a distinct activity that is a logical, essential step in the performance of a function and includes **what** work is done (action); **how** the work is done (procedures, materials, tools or equipment); and **why** the work is done (purpose).
- **Essential or Marginal (E or M):** Identify whether the function and duties are:
 - An **Essential** function is critical to performing the job. The position would not exist without these regular, fundamental responsibilities.
 - A **Marginal** function is important, but not critical.
- **% Time:** Indicate the approximate percentage of time spent performing each duty, on average, as the work is performed over a 12-month period. Total percentages must equal 100%. The last 5% of the duties and responsibilities may be “Performs other duties as assigned” to capture the normal variations in work.
- Be objective and accurate. Write the duties so that any reader will be able to understand the position’s role.

Description	E or M	% Time
1.		
2.		
3.		
4.		
5.		
Total of all percentages should equal 100%.		

LEVEL OF IMPACT

How will this position use independent judgement and discretion to influence program direction?

How will this position interact with internal and external contacts? How often?
How will this position be involved in situations in which the employee will affect or make exceptions to policy?
What level of budget/spending authority will this position have?
What employees, if any, will this position supervise? (Requires Central Human Resources Approval)

REQUIRED LICENSES AND/OR CERTIFICATION		
License	Status	Renewal Required?
		Yes No
		Yes No

WORK ENVIRONMENT (NORMAL)	
Content Item	Percentage of Time

REQUIRED EDUCATION/EXPERIENCE		
Qualifications	MINIMUM	PREFERRED
Education	Must match Job Code Table for proposed alignment classification.	
Experience		
Description		

UNIT REQUIRED APPROVALS			
I certify that the statements above, to the best of my knowledge, accurately describe the position. I understand that intentional falsification of this document is in violation of State statutes and may result in disciplinary action or prosecution.			
Immediate Supervisor		VP or Delegated Signature Authority	
Name		Name	
Date	Signature	Date	Signature

CHR APPROVALS			
Decision:	Approved	Approved with Modification	Denied
			Effective Date:
FLSA Exemption Type:			
Comments:			
		Name	
		Date	Signature