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|--|--------------------------------|
| <b>Licenses, certification or registration required, if any:</b>                   |                                |
| <b>Does the position supervise anyone? If so, list name(s) and title(s):</b>       |                                |
| <b>Justification of need for position (i.e., why is the new position needed?):</b> |                                |
| <b>Is anyone currently performing these or similar duties:</b>                     |                                |
| <b>Supervisor's name:</b>  | <b>Supervisor's signature:</b> |
| (Please print)   |                                |
| <b>Campus phone #:</b>   | <b>Date:</b>                   |
| <b>Department head:</b>  | <b>Signature:</b>              |
| (Please print)   |                                |

DO NOT WRITE BELOW THIS LINE

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|   |                          |
|---|--------------------------|
| <b>POSITION CLASSIFICATION:</b>           |                          |
| Position Title: _____                     | Job Code: _____          |
| Department: _____                         | Pay Grade: _____         |
| College (other): _____                    | Minimum Hire Rate: _____ |
| Human Resources Approval: _____           | Date: _____              |
| Vice President Approval: _____            | Date: _____              |
| <b>BUDGET IMPLEMENTATION:</b>             |                          |
| Area/Orgn: _____ Pos. #: _____ FTE: _____ | State _____ %            |
| Acct. Name: _____                         | Local _____ %            |
| Budgeted effective date: _____            | Grant _____ %            |
| NAU Budget Office Approval: _____         | Date: _____              |