



POSITION REVIEW FORM

PURPOSE: This data is provided as a primary source of information to assure optimal use of human resources and departmental income.

INSTRUCTIONS: A department must submit a completed and signed form with any Staff Position Requisition, except *research positions* fully funded by grant and/or contract funds. Administrative or clinical positions fully supported by grant and/or contract funds require completion of this form. This form must also be submitted separately to Human Resources when requesting an increase in hours by electronic profile.

Submissions that contain non-specific language (e.g., "this position is critical to the successful operation of the department" or "the department cannot function unless this position is filled") will not be accepted. The information provided must identify the specific population served by the position and the consequences of not posting the position, or, in the case of an increase in hours for an existing employee, of not increasing an individual's

POSITION:

SOURCE OF FUNDING: (e.g., NIH Grant; Gift from AHA; GA; etc.)

Provide an updated organizational chart that includes this position. Attached

Is this a new or replacement position?

If replacement:

Name of previous incumbent:

How long has position been vacant?

Provide the purpose of and rationale for this position. Include how this position fills the critical functions of the unit and the specific population served. Include metrics, incremental revenue projections or other information that supports the rationale for having this position.

How is this work currently being covered?

Explain the department's review of existing or upcoming layoff personnel and why retention of such staff is not an option.

What other options have been considered for covering this work? Why were these options not feasible?

Department Business Manager: _____

Date: _____