

## Position Change Request Form

*This form is required to request the creation of a new position, reclassify a position, fill a vacant position or to request a compensation change. If request is approved, the fully signed form must be uploaded as an attachment to the Eform.  
\*Please complete the form with as much information as possible. Missing information delays the review of the form.*

<b>Requestor:</b>		<b>Date of Request:</b>	
<b>Department:</b>		<b>Dept ID:</b>	
<b>College/Division:</b>		<b>VP Area:</b>	
<b>What are you requesting?</b> (Select all that apply)	Create a new position	Fill a vacant position	Compensation Change      Reclassification
<b>Why is this request necessary? Provide detailed justification.</b>			
<b>Effective Date for Change:</b>			
<b>Current Title of Position:</b>		<b>Proposed Title of Position:</b>	
<b>New Job Code:</b>		<b>Current Job Code:</b>	
<b>Name of employee in requested position:</b>		<b>Reports To Position #:</b>	
<b>Type of Position:</b>		<b>Position ID:</b>	
<b>Is the position full time/benefits eligible?</b>		<b>When was/will the position be vacated?</b>	
<b>Is this a salary or supplement change?</b>		<b>Current/Ending Compensation Rate:</b>	
<b>What salary rate/range for hire/rehire?</b> (Annualized)		<b>Requested Compensation/supplement rate:</b> (Annualized)	
<b>What are the position duties and how have these duties been completed prior to this point?</b>			
<b>Type of Funding for Position?</b>		<b>Cost Center/Project ID:</b> (If using more than one please list all)	
<b>What is the distribution amount for the cost center(s)?</b>			
<b>Is funding for this position budgeted?</b>	<b>Is funding permanent or temporary?</b>		
<b>If funding is split between sources or you selected "Other" please provide additional information.</b>			
<b>How was funding made available for this new position? If funding is from current vacant position, please provide position ID.</b>			

**Approval**

<b>Department Manager</b>	<i>Signature</i>	<i>Name</i>	<i>Date</i>
<b>Financial Lead</b>	<i>Signature</i>	<i>Name</i>	<i>Date</i>
<b>Dean/Vice Provost</b>	<i>Signature</i>	<i>Name</i>	<i>Date</i>
<b>VPAA Approval</b>	<i>Signature</i>	<i>Name</i>	<i>Date</i>

*Submit requests for Academic Affairs areas to [vpaa.fms@utsa.edu](mailto:vpaa.fms@utsa.edu) for review and processing.*