

**Strategic Critical Hiring/Pay Adjustment Approval**

Must be completed for all full-time, regular, faculty and staff positions. Full-time = 40hrs/wk

**Please read instructions for guidance on data elements requested.**

**Contact Information**

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| Submitted by (name): | Email Address: |
| Contact Number: |  |

**Position Data**

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| * Vacant Position Request to Post | | * Reclassification * Pay Adjustment | | * New Position Request | | | |
| Department Name: | | Department Id: | | Position Number: | | | |
| Position Title: | | Position Budget: | | Classification Title: | | | |
| Employee Type: Faculty Admin Faculty (10/12mo) Admin Exempt Bi-Weekly | | | | | | | |
| Date position became vacant: | | Previous Incumbent’s  Name: Employee ID: | | | | Previous Incumbent’s Salary:  $ | |
| Anticipated Salary of New Incumbent: | Pay Grade/Range for Position (please list all): | | Minimum  $ | | Midpoint  $ | | Maximum  $ |
| Fund Source: | | Department chart string where expenditure occurs: | | | | | |

**Justification Narrative** (attach documents and/or expand box as needed)**:**

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| Please provide a narrative of the role and need for continuance. |
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| When was this position last reviewed, changed, or restructured? Please include any recent promotions or reclassifications that may be associated with this position. |
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| What other alternatives or organization strategies have been considered? |
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President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Chief Business Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Academic Affairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_

Student Affairs/Enrollment Management: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Information Technology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

University Advancement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

AVP/Dean/Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_

(Highest level in your unit’s organizational structure)

**Human Resources will determine which positions need to be forwarded to USG. For USG approval, the signed form must be uploaded in the survey tool with the request.  This request will not be accepted or considered without the signed form.**

UWG Human Resource Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_