

Term Extension Job Requisition Form

1.	Date						
2.	Department						
3.	Title of position						
4.	Org and Account	code			(the six-and four-dig	it cod	es to be charged)
5.	Name of employe	e					
6.	Employee's hire d End date of curre	int to rea					
7.	New term of positi	ion From _		То			
8.	Weekly schedule	ion-exempt)		Percentage (exempt)			
9.	 Full-time months Short-te 	e benefits – Term staff wi who continue to work gre rm benefits – Greater tha	by HR based on the inform th appointments greater than or ater than or equal to 1,000 year n or equal to 1-year term apport ointments with less than 1,560	r equal Irly houi intment	to1,560 yearly hours or at 75 is or at 50% thereafter. with greater than or equal to hours	% for 1,560	more than 24 consecutive) yearly hours or 75%
10.	0. Will there be a change in salary/rate? same increase be supported in questions #11 and #15)						
11.	Budget and Sala *Salaried positions		and yearly hours boxes in sec	tions 1	&3		
			2) Budget Impa	ct			
	1) Employee	e's Salary	(check one)		3) Salary Incre	ease	Expectations
С	urrent Hourly Rate		No change		Requested Hourly Rate		
Rec	uested Hours X		Savings		Requested Hours	Х	
	Salary =		Increase		Salary	П	
Be	nefits at 34% X		*if marked "no change" - stop		Benefits at 34%	х	
	Total Cost =		& move to question #12		Total Cost	П	

13. Please detail the reporting structure for this position. To which position will this position report and which position(s) will report to them? Are you expecting to restructure with this replacement? You are welcome to explain below or attach an organizational chart.

Position's direct supervisor:	
The position will supervise:	
Restructure Yes or No? If yes, explain:	

14. What are the expected additional costs associated with this term extension (new furniture, new office, etc.) and how will you manage those expenses?

15. If you requested an increase in salary please explain in detail how this term extension will impact your budget for the upcoming term. For instance, will you reclassify or otherwise adjust your budget? Have you requested additional funds to support this extension? If so, how much? What is your contingency plan if additional funds are not made available?

16. Attach a copy of the proposed position classification (job) description if any changes are needed.

Supervisor/Dept. Head	Date	
Division Head	Date	
Human Resources	Date	
Provost's Office	Date	