

Lewis-Clark State College New Position Approval Form

Date: _____ Effective Date: _____

Position Title: _____ Department: _____

Supervisor: _____ Title: _____

Position Type: Faculty
 Classified (Position Description Questionnaire (PDQ) required)
 Exempt
 Other (please explain): _____

Justification of New Position:

Funding Source:

Term of Grant (if applicable):

Summary of Key Duties & Responsibilities:

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Salary: _____ Hourly
 _____ Annual

Position Status: Full-Time FTE: _____ Hours per week: _____
 Part-Time
 Temporary Weeks per year: _____ (Annual = 52 weeks)

Routing/Approval:

Coordinator/Dept Head/Director	Dean	Provost	Budget Director	President