Lewis-Clark STATE COLLEGE

New Position Approval Form

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): _____

Position duties and responsibilities:

_____

_____

_____

Position Status: ◉ Temporary ◯ Full Time ◯ Part Time

Year: ◯ Fiscal Year ◯ Academic Year

hours/week _____ # months/year _____

Salary: Hourly Annual

Benefits: ◯ yes ◉ no

APPROVAL SECTION: (please route)

_____

Dir/Div. Chair/Date Dean/Date Provost/Date Budget Dir/Date President/Date

FOR HUMAN RESOURCE SERVICES USE ONLY:

DFM Approval Date:_____ FLSA Category:_____

Cc: Administrative Services