LEWIS-CLARK STATE COLLEGE

NEW POSITION APPROVAL FORM

Date: _____ Effective Date: _____

Position Title: _____ Department: _____

Supervisor: _____ Title: _____

Position Type:

Position Necessity:

Relation to Strategic Plan Objectives (if any):

Program Performance (e.g. restructure/redesign for efficiency):

Implications of Delay in Filling/Impact if Approved or Denied:

Funding Source:

Account Number(s) _____ _____

_____ _____

☐ Line Item ☐ RRF Funded ☐ New Grant ☐ Internal Reorganization

Term of Grant (if applicable):

Summary of Key Duties & Responsibilities:

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-
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Position Status: ☐ Full-Time ☐ Part-Time ☐ Temporary

FTE: _____ Hours per week: _____ Weeks per year: _____ (Annual = 52 weeks)

Salary: _____ Hourly _____ Annual

Electronic Routing/Approval:

Coordinator/Dept Head/Director	Dean	Vice President	Budget Director	President	Human Resource Services