

Date:				PCN#:		
Title and/or Rank:						
Classification:				Supervisor:		
Department:				Division:		
New Position:	Yes No	lf Yes, a Incuml	attach completed New bent:	Position Approval For	m.	
Required Qualificatic						
Position Necessity:						
Relation to Strategic	Plan Objectiv	<u>ves (if an</u>	<u>y):</u>			
Program Performanc	<u>e (e.g. restru</u>	cture/red	design for efficiency):			
Implications of Delay	in Filing/Imp	bact if Ap	proved or Denied:			
Funding Source:						
Account Number(s):						
Line Item			RRF Funded	New Grant	Interna	al Reorganization
# of months:		FTE:		Salary Range:		
Closing Date:			Date	e to begin Employmen	t:	
The State of Idaho req made. The Board of Ex the earliest date possil	uires that the Co aminers (the en ple.	ollege obta tity with re	ng expenses will be off in approval to offer reimbur esponsibility for this approve	sement for moving expense		
Coordinator /	Budget Of		proval signature stamp) Dean	Vice President	President	AA Officer / HRS
Director						Director