**Date of Request:**       **Positon Audit Request # (assigned by HR):**

**Department:**       **Business Unit:** Choose an item.

**Vice President/Dean:**       **Director or Department Chair/PI/Manager**:

**Person Requesting Audit:**       **Person Requesting Audit Extension:**

**Action Requested:** Choose an item. **Action Reason:** Choose an item.

**Justification:**



Required Additional Forms:

[ ]  Current Job Description [ ]  Proposed Job Description (if applicable)

[ ]  Department’s current and proposed organization chart

Position Changes:

Please describe all significant changes in duties and responsibilities.



Funding Information:

**Current Funding Source Number:**       **% Time:**       **Current Funding Source Number:**       **% Time:**

**Proposed Funding Source Number:**       **% Time:**       **Proposed Funding Source Number:**       **% Time:**

[ ] Non-Grant [ ] Grant *\*For Grant funded positions an NOA must be attended*

**Additional Funding Numbers:**



Position Information:

**Position #:**       **Employee Name:**       **Current Salary**:

**Current Job Code:**       **Current Job Title**:

**Proposed Job Code:**       **Proposed Job Title**:

The signatures below authorize HR to conduct a position audit and make recommendation in accordance with University Polices and Procedure. Additional approvals may be required dependent upon outcome and HR recommendations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Director/PI/ Manager Date***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Vice President/ Dean Date***