

Faculty - Position Justification Request Form (PJRF) Section **Mansfield University**

1: Type of Request (Check all that apply) *Dept. Chair Completes - See attached instructions*

- | | | |
|----------------------|-----------------------------|---------------------------------|
| Fill Vacant Position | Salary Adjustment | Reorganization/Dept Transfer |
| New Position | Change in Appointment Terms | Change of Funding Source |
| | Abolish Existing Position | Temporary Position Continuation |

***Attach a finalized position description. Please highlight any new and/or revised duties.**

Section 2: Appointment Details *Dept. Chair Completes Dept. Chair Completes*

Employment Type: Permanent Temporary Length of assignment: _____

FTE: Full-Time Part-Time Hrs/Wk, % Change _____

Term: 12 Months 10 Months 9 Months Other

Current Fund Center Name _____ Fund Center # _____ Division _____

To Fund Center Name _____ Fund Center # _____ Division _____

Section 3: Classification & Compensation *Dept. Chair Completes - (Complete Section #4 before forwarding to MU HR)*

Section 3a: Classification

? Current Classification/Working Title _____ Proposed Class./Working Title _____

Title: Current Bargaining Unit: _____ Current/Previous Incumbent: _____

Requested By: _____ Anticipated Effective Date: _____

Section 3b: HR Classification Review & Compensation Details - *Review Completed by HR - forward to Budget/Compensation completed by Budget - forward to Dean*

Human Res. Classification Review: _____ Apprvd Classification/Wrkng Title: _____ ?

Compensation Detail: Budget Office to Complete							
A. Current or Budgeted Salary		B. Proposed Annual Salary:		C. Amount of Increase or Decrease:		D. Percent* of Increase or Decrease:	
Current or Budgeted Benefits		Proposed Annual Benefits:					

Budget Office	
Position #	Budget Office Approval

Budget Office Notes

Section 4: Justification/Consideration: *Complete and forward MU HR for classification review*

Section 5: Approval to move forward with position: *Dean & Provost sign & forward to President for signature*

Dean: _____	Justified - Priority	Justified - Not Priority	Not Justified
Provost: _____	Justified - Priority	Justified - Not Priority	Not Justified

Comments/Other Considerations: _____

Approved	Disapproved	Comments
President: _____ <i>Signature</i>	_____ <i>Date</i>	

President forward to Budget Office