NEW POSITION NUMBER REQUEST FORM

University Human Resource Services
Ball State University

Form to be completed by Requester and forwarded to Human Resources

Position Title: ______________________________________________
Position E-Class: ____________________________________________
Supervisor Position #: ____________________________
F-O-A-P: _________    _________    _________    _________
Salary Grade: ____________________ (For classified staff positions only)
Budgeted Amount**: ____________________ (For professional or faculty positions)
Requester: ___________________________     Date: _____________
Approval Signature*: ___________________________     Date: _____________

* The approval signature can be either the Administrative Head or the Budget Director to confirm the FOAP provided is correct.

Note: New position numbers for professional and faculty primary positions are often assigned from a “Request to Fill” form, but if this form is used instead, a job description should be attached for all professional positions.

To be completed by UHRS

Position # Assigned: ___________________________     Date: ____________

To be completed by Affirmative Action Specialist

Affirmative Action Title (PAAPDES): ________________________________

HR 157 7/2015