



REQUEST TO CREATE POSITION OR ADVERTISE EXISTING VACANCY

To request approval to create a position or advertise an existing vacancy, complete this form, obtain the required departmental approvals, and submit the completed form to Patricia Gaspard at pspears@lsue.edu.

| POSITION INFORMATION | | |
|--|---|-------------------|
| Hiring Manager/Position Supervisor: | | |
| Supervisory Org: | | |
| Position Type: | New Position | Existing Position |
| Position Title: | | |
| Working Title (if applicable): | | |
| Number of Positions | | |
| Position #(s) [if existing position(s)]: | | |
| Person(s) being replaced (if applicable): | | |
| Proposed Hire Date: | | |
| Employee Type (e.g. faculty, professional): | | |
| Appointment Type: | Academic | Fiscal |
| Position FTE: | Full Time | Part Time |
| % Effort : | | |
| # of Weekly Work Hours: | | |
| PG#(s): | | |
| Position Budget or Source of Funds: <small>(if position budget is not sufficient to cover proposed salary)</small> | | |
| Proposed Salary: Note: Offered salary will be dependent on candidate credentials and experience. | | |
| Position Location – Building Name: | | |
| Position Location – Room #: | | |
| POSTING INFORMATION | | |
| Posting Location(s) | Internal | External |
| Waiver of Advertisement?: <small>(Must attach waiver request for review and approval by HRM)</small> | Yes | No |
| Posting Time: | | |
| Alternative Posting Sites & Account Numbers: | | |
| JUSTIFICATION | | |
| | | |
| HIRING MANAGER/DIRECT SUPERVISOR OF POSITION | | |
| Name: | | |
| Phone Number: | | |
| Email Address: | | |
| REQUIRED ATTACHMENTS/ADDITIONAL INFORMATION | | |
| Attach the following documentation before sending this request form forward to HRM. <ul style="list-style-type: none"> Job Description (Please click here to complete a job description template) SF3 (for classified) Organizational Chart | If updating a vacant position, notate any changes including: <ul style="list-style-type: none"> Title <input type="checkbox"/> FTE <input type="checkbox"/> Manager Position Description Physical/Special Requirements Minimum and Preferred Qualifications | |

HRM REVIEW

Name:

Date Reviewed:

HRM Comments:

ADMINISTRATIVE APPROVALS

Division Head: _____ Date: _____

Vice Chancellor of Business Affairs: _____ Date: _____

Vice Chancellor of Academic Affairs: _____ Date: _____

Chancellor: _____ Date: _____