

Position Creation/Change Form

FY20 Fringe Rate: Full-time 33.9% Part-time 16.6%

Date of Request: _____ Hiring Department: _____ Department Contact Name: _____
 Effective Date: _____ Phone number: _____
 Email: _____ @unco.edu

Position type: Faculty _____ Exempt _____ Classified _____ Other: _____

Request type (check one)	Please complete all applicable information:		
New Position _____	Position Title _____	Position Number _____	
Replacment of Position _____	Effective Date _____	Incumbent _____	
Salary Change _____	Current FTE _____	Proposed FTE _____	
FTE Change _____	Current Salary _____	Proposed Salary _____	
Desk Audit _____	Current Title _____	Proposed Title _____	
Elimination _____			

Position funding detail

	Fund	Org	Account	Program	Activity	Current FTE	Current Base	Current Fringe	Proposed FTE	Proposed Base	Proposed Fringe	Adj to FTE	Adj to Base	Adj to Fringe	Total Adj
								-			-	-	-	-	-
								-			-	-	-	-	-
								-			-	-	-	-	-
								-			-	-	-	-	-
								-			-	-	-	-	-
Totals						-	-	-	-	-	-	-	-	-	-

If the position is increasing in salary, please indicate below the FOAP information for where the funding is coming from ("From (-)").

If the position is decreasing in salary, please indicate below the FOAP information for where the funding is moving to ("To (+)").

The entry in the Position funding detail has to be balanced with the entry from the Offset for position funding changes.

Offset for position funding changes (see instructions above)

	Fund	Org	Account	Program	Activ				From (-)	To (+)		Comment
											-	
											-	
											-	
											-	
Totals									-	-	-	This total should equal the Total Adjustment line above.

Comments: _____

	Name:	Signature:	Date:
Originator	_____	_____	_____
Dean/Director	_____	_____	_____
Vice President	_____	_____	_____

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HR	Approved _____	Denied _____	Reason _____	Date _____	Initials _____
Budget Office	Approved _____	Denied _____	Reason _____	Date _____	Initials _____