POSITION REVIEW FORM



I. REQUEST TYPE

O New Position O Equity or Market Adjustment O Counter Offer? O Promotion * O Reclassification Other

II. POSITION & EMPLOYEE (as applicable) **PROPOSED EFFECTIVE DATE:**

EMPLOYEE NAME	UII	N		DEPARMENT	YEAR	S IN POSITION	DEGRI	EES EARNED
JOB PROFILE OF CURRENT POSI	ΓΙΟΝ	PAY GI	RADE	BUSINESS TITLE OF CURR	ENT P	OSITION	POSIT	ION ID
RECOMMENDED JOB PROFILE, as applicable		PAY G	PAY GRADE BUSINESS TITLE OF R		COMMENDED POSITION		MANAGER OF POSITION	
CURRENT ANNUAL SALARY	HOUF Annual Pay	RLY PAY	RECO	OMMENDED ANNUAL SAL		HOURLY	Y PAY	INCREASE *
	/2080					Annual Pay /2080		

III. JUSTIFICATION & POSITION DETAILS Please state why this request is needed and provide any data that supports and clarifies the request. If University funds will be requested, include justification for the fund request, as well.

IV. WORKE	R/POSITION COS	STING A	LLOCATION	GR/	ANT FUNDED?	YES	NO	PARTIALLY
ACCOUNT NAM	1E #1	ACCOU	NT#%	EFFORT	ACCOUNT NAME #2		ACCOUNT #	% EFFORT
ACCOUNT NAM	1E #3	ACCOU	NT # %	EFFORT	ACCOUNT NAME #4		ACCOUNT #	% EFFORT
FUNDING	TEMPORARY?	YES	NO					

SIGNATURES

Email to employment@tamucc.edu after obtaining Director/Dean/AVP approval. ?

(1)			(2)	
	Preparer	Date	Director / Dean / Associate Vice Preside	nt Date
(3)			(4)	
	Human Resources	Date	Grants	Date
(5)			(6)	
	Area Vice President / Provost	Date	Budget	Date
(7)			(8)	
i	VP of Finance & Administration	Date	President	Date
		FOR HR USE ONLY		
Curren	t: Requesting:	Market Median:	Midpoint of PG: Compal	Ratio:
Manag	er informed of comp data FLSA Th	reshold Checked Internal	Equity Notes:	