

Request Change a Position Form

Please review NDSU [Policy 241: Broadbanding](#) and [129: Salary Administration Policy](#)

Requested by _____ Requested Date _____

Department _____ Department Number _____ Effective Date _____

Position Number _____ Employee Name _____

Change in Job Family assignment of a position [HR may assign a new position number]

Change in salary due to responsibilities and/or FTE change.

Dept #	<input type="text"/>	Fund #	<input type="text"/>	Program #	<input type="text"/>	Project #	<input type="text"/>
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Current Position Information [<https://ndus.edu/ndus-broadband-job-classifications/>]

Current Job Family Length of Time

Current Title Current Salary

Position is currently funded at: hours per week [eg 30,40] Number of Months: 9 Months 10 Months 11 Months 12 Months

Proposed Position Information

Proposed Job Family [use drop down box]

Proposed Title Proposed Salary

For assistance in developing or determining a Functional Title, please contact the NDSU Human Resources Director

Proposed Fringes

Proposed funding at: hours per week [eg 30,40] Number of Months: 9 Months 10 Months 11 Months 12 Months

Rationale:

Describe how the responsibilities have changed: [attach position description indicating changes in red]

Should this request be approved, how will it be funded: [include funding source]

Explain impact if request is not approved:

Director _____ Date _____

Associate Vice Provost _____ Date _____ Approved Denied

Vice Provost _____ Date _____ Approved Denied

[Revised March 2019]