

# GRCC Position Authorization Form

## Instructions

- Use this form for benefited full-time, part-time, or grant-funded positions.
- Written justification must be included before any positions are approved or eliminated (second page).
- Job description must be attached with changes highlighted.
- Following approval of the supervisor/dean and appropriate vice president, this form must be forwarded to Human Resources for processing.
- If this position is grant-funded, attach the grant funding statement/summary for financial services review.
- Any section of the form not completed may delay the process.

## Position Information

New Position:    Yes    No            Number of Positions: \_\_\_\_\_ Position Type:    Full-time    Part-time    Grant-funded

Position Title (or proposed title): \_\_\_\_\_

Department: \_\_\_\_\_

Reporting to: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Work Year: Hours: \_\_\_\_\_ Weeks: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

Additional office/lab space or new computer set up requested:    Yes    No

## Type of Position Change

Please check the type of position or change for the position.

New position requiring new GRCC funding.

New position or reappointment funded from grant.

Grant Funding Name: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Replacement position funded from vacant position. Replaces (name): \_\_\_\_\_

Reappointment interim/temporary employee. Name: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Title change. Reason for title change: \_\_\_\_\_

Position eliminated. Provide reason: \_\_\_\_\_

Supervisor change: \_\_\_\_\_ Provide reason: \_\_\_\_\_

Hold/Leave position unfilled for:    30 days    60 days    90 days    Other: \_\_\_\_\_

Department name change: \_\_\_\_\_

Other: \_\_\_\_\_

## Budget Information

Total dollars requested: \$ \_\_\_\_\_ Amount required this fiscal year: \$ \_\_\_\_\_

Open position. Account number: \_\_\_\_\_

New dollars approved through budget process. Account number: \_\_\_\_\_

Approved grant funds. Account number: \_\_\_\_\_

HR use only: Position number: \_\_\_\_\_

## Required Signatures

Supervisor/Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appropriate EBCO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Budget and Business Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director of Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President for Finance and Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Open Position Justification and Review**

Justification or request or rationale for change. (It is important to complete this section as it helps in the decision making process.):