



INTERCOLLEGIATE ATHLETICS

Request to Fill Position or Job Review Form

*Please obtain all signatures before submitting to Human Resources
Submit to hr@athletics.psu.edu

Hiring Manager

Unit Name: _____ Employee Name (if applicable): _____

Position Title: _____ Working Title: _____

Job Review for Current Position with JRW and Organizational Chart attached

New Position with JRW and Brief Job Posting Attached Number of positions: _____

Staff Tech Service Part-time/Hourly HR-88

If HR-88, please note positions can range from 75% to 99% (FTE) annually (July through June), if they carry the expectancy of regular recurrence. **Number of Hours Per Week** _____ **Days of the week** _____

Replacement Position Position formerly held by: _____

Hiring Manager Signature: _____ **Date** _____

Budget Administrator Signature: _____ **Date** _____

***If position is paid out of multiple budgets, please obtain secondary Budget Executive Signature**

Budget Administrator Signature: _____ **Date** _____

Financial Officer

Source of Funding: *Please note if there is a limited source of funding available - \$ _____

Home Budget _____ Fund _____ % _____ Fund Name _____

*Clearing Budget _____ Fund _____ % _____ Fund Name _____

*Clearing Budget _____ Fund _____ % _____ Fund Name _____

Standing FT 1

If FT1, the possibility of re-funding Good Excellent

Financial Officer Signature: _____ **Date** _____

Director of Athletics Signature: _____ **Date** _____

HR Initial _____

Date _____