**Florida Atlantic University**
**Department of Human Resources**

# REQUEST FOR ESTABLISHMENT
## AMP and SP Positions

Before submitting this form, please complete all required sections and review instructions: *http://www.fau.edu/hr/ClassNComp/estab.php*
Reclassification Requests require a separate form: *http://www.fau.edu/hr/ClassNComp/ReclassificationRequest.doc*

Please attach a completed position description when submitting this form.
After routing the completed forms through the appropriate channels in your department/college, please return to Human Resources, Classification & Compensation, ADM 102C.

## SECTION I

DEPARTMENT: _____ COLLEGE/DIVISION: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

EMAIL: _____ FAX NUMBER: _____

GRANT FUNDED POSITION (any portion or all): ☐ Yes ☐ No

## SECTION II PROPOSED POSITION DATA

**Personnel Services will assign Position Number**

| | | | |
|---|---|---|---|
| POSITION NO. | | ☐ AMP | ☐ SP |
| CLASS TITLE | | | |
| WORKING TITLE | | | |
| CLASS CODE | | | |
| PAY GRADE | | FTE | |

| HOME (DEPARTMENT) ORG NO. | | |
|---|---|---|
| FINANCIAL ORG: Labor Distribution | Index No | Percent |
| 1 | | |
| 2 | | |
| 3 | | |

REQUESTED EFFECTIVE DATE: _____

## SECTION III

SUMMARY OF CIRCUMSTANCES AND/OR JUSTIFICATION FOR THIS CLASSIFICATION ACTION
Use reverse side or attach additional sheets if necessary.

## SECTION IV Requests will not be approved without appropriate signatures

SUPERVISOR ORIGINATING ACTION (PRINT NAME): _____

SUPERVISOR SIGNATURE: _____ DATE: _____

DEAN / DIRECTOR:
☐ Approve ☐ Disapprove _____ DATE: _____

DEPARTMENT OF SPONSORED RESEARCH (if applicable):
☐ Approve ☐ Disapprove _____ DATE: _____

PROVOST / VICE PRESIDENT / PRESIDENT:
☐ Approve ☐ Disapprove _____ DATE: _____

DEPARTMENT OF HUMAN RESOURCES:
☐ Approve ☐ Disapprove _____ DATE: _____