

NON-ACADEMIC POSITION REQUEST FORM – DEAN’S OFFICE

The purpose of this form is to provide the necessary information required for approval to fill any vacant support staff position or to create a new support staff position in any unit of the Dean’s Office. This information will also serve as a guide for completing the MSU staffing request form and for posting on the MSU Applicant Page. This document must be completed and signed before advertising, recruitment or interviewing can begin.

Position Information

Unit requesting position: _____

Name of person responsible for completion of this form: _____

Is this a new position to be created? Yes No

If no, who is the employee (or former employee) being replaced? _____

If yes, explain why this position is needed at this time:

% to be employed (FTE): _____

Work Schedule: Standard 8-5 Non-standard Non-Standard/Variable (explain): _____

Desired Position Title or Classification (if known): _____

Limited Term? (CTU Only) If yes, enter end date (at least six months) Date: _____ No

End-dated position? If yes, enter end date (at least 9 months) Date: _____ No

AP/APSA employees paid on grants/contracts or hired for specific project work should be end-dated; end dates can be extended if needed

Supervisor of record for this position: _____

Onboarding Delegate: _____

Administrative Address: (Location where this person will work) (building name/office/cube #/phone number): _____

Cost Distribution

Information must be provided to ensure that adequate funding is available for salary, fringes, advertising/recruitment costs and any other anticipated expenses. Account and subaccount numbers and percentages for each must be included.

What is the budgeted salary range for this position? _____

Account #: _____ Subaccount _____ Percent: _____

Account #: _____ Subaccount _____ Percent: _____

Fringes:

Account #: _____ Subaccount _____ Percent: _____

Account #: _____ Subaccount _____ Percent: _____

Plan on using existing funds

Requesting new funds

Which FTE salary format will be provided?* (check only one)

Salaried Positions

Salary/hourly rate
\$_____ FTE Salary

Salary range
\$_____ Minimum FTE Salary to \$_____ Maximum FTE Salary

Hourly Positions
\$_____ Hourly Rate

Posting and Recruiting

Position desired start date: _____

Desired date for posting (postings begin on Wednesday for a minimum of 7 days): _____

Pre-selection? (Discuss with CHM HR first). Name of desired selectee: _____

Posting distribution: Internal only Internal and External # of weeks: _____

Is position to be advertised other than on MSU MAP? Yes No

If yes, where should it be advertised? _____

Search Committee Chair: _____

Search Committee Members: _____

Would you like assistance from CHM HR with your interview/selection process? Yes No

Description of Duties

Note: Enter true text information in the text box; do not enter "see attached" as this information will be used to be pulled directly into the PageUp Applicant Tracking System. (Attach separate sheet if more than 5 duties, percentages must total 100%)

1. _____%
2. _____%
3. _____%
4. _____%
5. _____%
6. _____%
7. _____%
8. _____%

Posting Snapshot (*Text field – 400 character limit*)

Displays on the careers.msu.edu job search page. Use this 2-3 sentence summary to pique the interest of applicants so they will check into the posting and learn more about the process.

Position Summary (may be submitted as a separate document attached to this form)

The following will be used for posting this position on the university's applicant page. The requirements and posting text must be supported by the description/classification for this job. Describe the essential functions of this position and any required licenses or certifications.

Required Education/ Experience/ Skills:

Desired Education/ Experience/ Skills:

Authorization to Hire

Name of person requesting this position/hire: _____ Date: _____

Name/signature of person authorizing unit funds for this hire: _____ Date: _____

For CHM Human Resources Use Only

The following signatures/approvals will be obtained following receipt of this form in CHM HR.

Business Office Signature: _____ Date: _____

HR Manager: _____ Date: _____

Associate Dean, Administration: _____ Date: _____