

# REQUEST FOR POSITION ACTION

PSEUDO NO. \_\_\_\_\_

REQUESTING COLLEGE, DIVISION/DEPARTMENT, PROGRAM: <b>UHM, Sch of Medicine, Department of</b>										
<b>1. TYPE OF ACTION REQUESTED</b> 1. ESTABLISHMENT OF NEW POSITION 2. REDESCRIPTION OF POSITION FOR REVIEW IDENTICAL TO POSITION NO. _____ 3. CONTINUATION OF TEMPORARY POSITION 4. FILLING OF ESTABLISHED POSITION VACANCY 5. FILLING POSITION TEMPORARILY NTE _____ 6. NOTICE OF ABOLISHMENT OF POSITION 7. _____										
<b>2. TYPE OF POSITION</b> 1. PERMANENT 2. TEMPORARY NTE _____ 3. TEMPORARY TO PERMANENT			<b>3. POSITION CONTROL</b> 1. WITHIN AUTHORIZED CEILING 2. BEYOND AUTHORIZED CEILING 3. NO CEILING				<b>4. FUNDS AVAILABLE</b> 1. GENERAL 2. SPECIAL 3. FEDERAL 4. REVOLVING 5. TRUST 6. _____ (Indicate details in space provided for justification)			
5. POS. NO.	6. POSITION TITLE			7. CLASS CODE	8. PAY RANGE	9. B.U.	10. ORG CODE	11. ISL'D		
12. ACCOUNT CODE FROM:			13. PERCENT	14. TIME AUTH.	12. ACCOUNT CODE TO:		13. PERCENT	14. TIME AUTH		
JUSTIFICATION FOR ABOVE REQUESTED ACTION (Attach additional sheets if more space is required)										
DATE _____			SIGNATURE OF SUPERVISOR/PRINCIPAL INVESTIGATOR _____			DATE _____			SIGNATURE OF DEPARTMENT CHAIR/DIRECTOR _____	
APPROVED    DISAPPROVED			RECOMMENDATIONS:			CHARGE AD TO UH ACCT #: _____			FA CODE: _____	
DATE _____			SIGNATURE OF FISCAL ADMINISTRATOR _____			DATE _____			SIGNATURE OF FISCAL ADMINISTRATOR (JABSOM) _____	
APPROVED    DISAPPROVED			REMARKS:			DATE _____			SIGNATURE OF DEAN, DIRECTOR OR DESIGNEE _____	
APPROVED    DISAPPROVED			REMARKS:			DATE _____			PRESIDENT, UNIVERSITY OF HAWAII, OR DESIGNEE _____	
REMARKS:										
Emp ID:			PNF:			DATE _____			SYSTEM DIRECTOR OF HUMAN RESOURCES _____	