



Request to Fill
Classified Service Position

Proposed Title: _____ Shift: _____

Department: _____ Account #: _____

Supervisor: _____

Type of Position:

[] New [] Replacement Name of previous incumbent & title, if any: _____

Position Status-Check all that apply:

[] Full-Time [] Part-Time Percent: _____

[] Permanent [] Temporary Duration: _____

Reason position needs to be filled: _____

Required Attachments: [] Organizational Chart [] Position Description

Approval:

Department Head/Chair/Date

Finance Office/Date

Dean/Date

Vice President/Date

President/Date

Deputy to President/Date

To be completed by the Office of Human Resources

Appointment: _____ Start Date: _____

Clearance Code: _____ Line #: _____

NYSTEP Entry Date: _____ Appointment Letter Date: _____

HRMS Entry Date: _____ Rate of Pay: _____

[] New Employee [] Schedule Benefits Appointment [] State Agency Transfer: _____
[] Temporary/Hourly Appointment [] Contingent-Perm/Permanent Appointment



List the major activities performed. Estimate the percentage of total time spent on each activity. Under each activity describe the typical tasks. **Be specific.** Indicate WHAT is done and HOW it is done. Indicate frequency (daily, weekly, etc.) of each task.

Percent of Total Time	Frequency	Activity
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		