

Request to Fill Classified Service Position

Proposed Title:	Shift:		
Department:	Account #:Line #:		
Supervisor:			
Type of Position:			
 New Position (must complete pgs. 1 & 2) Replacement (complete pg. 1 only) FMO SG06 Titles (must complete pgs. 1 & 2) 	ኒ 2)		
Name of previous incumbent & title, if any: _			
Position Status-Check all that apply:			
□ Full-Time □ Part-Time	Percent:		
☐ Permanent Contingent Permanent	Temporary Duration:		
Reason position needs to be filled:			
Required Attachments: Organiza Approval:	tional Chart		
Department Head/Chair/Date	Finance Office/Date		
Dean/Date	Vice President/Date		
President/Date	Deputy to President/Date		
To be con	mpleted by the Office of Human Resources		
Appointment:	Start Date: Line #:		
Clearance Code:	Distribution Date:		
NYSTEP Entry Date:	Appointment Letter Date:		
HRMS Entry Date:	Rate of Pay :		
New Employee	Office of Human Resources		



To ensure proper titling of <u>new</u> positions, please 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 <u>what</u> is done and <u>how</u> it is done. Indicate frequency (daily, weekly, etc.) of each task.

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Percent of	Frequency	Activity
Total Time		
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