Arkansas Tech University Position Review Form

Indicate Type of Request:	_			
☐ New Position ☐ Position move from Hold Status			Budgeted Replacement Position	
☐ Vacant Position to Activate	_	n Salary Adjustment	Grant Funded or Provisional Position	
☐ Working Title Change	☐ Salary Adjus	stment f or Additional Duties	*Policy approved through June 30, 2024.	
Division:		Date Submit	ted:	
Department:		Date Review	Date Reviewed by Committee:	
Signatures:				
Dean/Department Head/Direct	tor:	Date	<u> </u>	
Vice President:		Date	Date:	
Reviewed by President?	Yes No	Notes:		
the operations of their department department's budget? Yes Position Requests:		f possible downsizing, would	d this position be one that is cut from your	
Position Number:				
Working Title:		Appropriated/Au	Appropriated/Authorized Title:	
Current Salary:		Proposed Salary:	Proposed Salary:	
Salary Adjustments Reque Position Number:		Appropriated/Au	thorized Title:	
Current Salary:		Proposed Salary:	Proposed Salary:	
Working Title Change Req Position Number:		Salary Change?	□Yes □ No	
Current Title:		New Title:	New Title:	
Current Salary:				
*Attach an explanation	of request includ	ing job description, ration	ale for request, and financial impact.	
Human Resources Analysis (F	Required for Con	nmittee Review):		
	Yes	No		
• Position Currently in "On Ho	ld" Status	Notes:		
• Position Currently in "Frozer	ı" Status	Notes:		
• Availability of: Authorized P	osition	Notes:		
 Budgeted Funds 		Notes:		
 Advertising Required 		Notes:		
 Compensation Review 		Notes:		
Position Review Committee Review Co	commendation	□ Notes:		