REQUEST FOR CLASSIFICATION (R4C)

Date:_____

From: Org/Dept/POC/Phone #:_____

To: Provost, NPS -- (If Academic Action)

    Chief of Staff, NPS -- (If Command Directorate Action)

Via: (1) Dean/Director
      (2) HRO
      (3) WMB

A. POSITION INFORMATION:

    New Position   Existing and Vacant   Existing and Filled

Organizational Code:_____   Incumbent (If Filled):_____   BIN #:_____

Position Title:_____

Type of Appointment (PERM/TERM):_____   Work Schedule:_____   If part-time, hours per pay period: _____

Please write a brief description explaining the classification request: (where do the new duties come from, do these duties adversely affect another encumbered or vacant position, does the new position have known promtotion potential, and any additional information to assist the Classification)

B. FUNDING/BUDGET INFORMATION:
What is the expected funding profile?   Direct %:_____   Indirect %:_____   Reimbursable %:_____

JON(S):_____

C. CONFIRMATIONS AND RECOMMENDATIONS:

Chair/Department Head:_____

I confirm the department expects sustainable future funding, teaching demand and faculty activities sufficient to maintain teaching and workload at the the level indicated for position and nor new hire. I also confirm this hiring action is within the departments allocated FTE during the term of the expected employment unless noted in my comments below.

_____
Signature & Date

From: Org/Dept/POC/Phone #:_____

Position Title:_____   **BIN:**_____

Dean/Director:_____

I recommend approval of this classification action and confirm it is within our school or Directorates allocated FTE and funds are available to support this position under the conditions and during the term of the expected employment unless noted in my comments below.

_____
Signature & Date

Manpower:

  BIN:_____   Available   Not Available

Comments (Optional):

_____
Signature & Date

Director, Human Resources:

  Recommendation: Recommend   Do Not Recommend

Comments (Optional):

_____
Signature & Date

WMB Recommendation:

  Recommendation: Recommend   Do Not Recommend

Approval Authority:

Provost: Approved   Disapproved   Not Applicable

Chief of Staff: Approved   Disapproved   Not Applicable

_____
Signature & Date