



## CLASSIFIED POSITION APPROVAL

Department	Contact Person	Phone #	Mail Stop
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### Action

- ☐ Create a New Position and Recruit. Attach NPD-19 and Department Organizational Chart. \*\*
- ☐ Reclassify an Existing Position. Attach NPD-19 and Department Organizational Chart.
- ☐ Start Recruitment for a Vacant Classified position. Date Vacant \_\_\_\_\_ \*\*
- ☐ Other: \_\_\_\_\_

Current Position Title	Account Number(s)	Position Number
Employee Name	Grade	%FTE
	Step	

Proposed Title and Grade for New Position or Reclassification Request	% FTE	Essential Functions Established: <input type="checkbox"/>	HR USE _____
	Request Underfill: <input type="checkbox"/> Request Intermittent Position: <input type="checkbox"/>		

### ENDORSEMENTS

Incumbent Employee: \_\_\_\_\_ / /

Chair or Supervisor: \_\_\_\_\_ / /

Dean or Director: \_\_\_\_\_ / /

President or Vice President\*: \_\_\_\_\_ / /

\*Or Designated Representative

Human Resources: \_\_\_\_\_ / /

(Note: Human Resources will submit budget approval request to Budget Office after review has been completed.)

**\*\* Upon receipt of budget approval, HR will send approval e-mail to Chair/Supervisor, Dean/Director and VP or designated representative as listed.)**

HR USE	Budget Approval Verified by HR: <input type="checkbox"/> Date: _____
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Approved Title: \_\_\_\_\_ Code: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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