



**Request to Fill
Classified Service Position**

Proposed Title: _____ **Shift:** _____

Department: _____ **Account #:** _____

Supervisor: _____ **Line #:** _____

Type of Position:

- ☐ New Position (must complete pgs. 1 & 2)
- ☐ Replacement (complete pg. 1 only)
- ☐ FMO SG06 Titles (must complete pgs. 1 & 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: ☐ Organizational Chart ☐ Position Description
(if applicable)

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: _____ Line #: _____

Clearance Code: _____ Distribution Date: _____

NYSTEP Entry Date: _____ Appointment Letter Date: _____

☐ New Employee



To ensure proper titling of new 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 **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.		