

SGA POSITION # REQUEST FORM

10/10/2007

Todav's Date

					Today's Date	
Instructions: Use this form to authorize a NEW SGA POSITION in the HRM system for posting.						
When completed e-mail this form to HR/Payroll Service Center at hrpayroll@neu.edu and copy						
<u>ka.brown@neu.edu</u>						
☐ NEW / ADDITIONAL POSITION						
Has this position been approved by Budget?						
A. KEY CONTACT INFORMATION						
Contact Person's Name		Contac	ct Telephone		E-mail Address	
D. DOCITION INFORMATION						
B. POSITION INFORMATION						
2						
Department or College						
Deithing Address OAMBUO MAIL DOOD			Development Discour	- M	4	
Building Address – CAMPUS MAILDROP SGA			Department Phone Number New SGA Position Number Needed			2 4
Level of Position			ivew 30			, u
FRS Six Digit Account 1	Object Code1	% 1	FRS Six Digit Account 2		or Request Object Code 2	% 2
	,		•			.,,=
FRS Six Digit Account 3	Object Code 3	% 3	FRS Six Digit Account 4		Object Code 4	% 4
COMMENTS OF ARRITONAL INFORMATION.						
COMMENTS OR ADDITONAL INFORMATION:						
For SGA Research Appointment(s)						
1 or contraction reportation (c)						
FOR HR/PAYROLL SERVICE O	ENTER USE:					
New Position Number Assigned? Yes No						
		FD	FRS Department Number		Assigned Position Number (If NEW)	
		170	1 No Department Number		Assigned Fusition Number (ii NEW)	
Completed by			Date Completed			