Northeastern University

Rev. 11/17

POSITION MANAGEMENT ACTIVITY FORM

Today's date [_____]

Instructions: Use this form to authorize posting of all full- and part-time staff and non-tenure track faculty positions. *Approved reclassifications/changes in currently filled positions should be processed on an HR Action form.*

Position to be filled is within the department of/unit:
[_____]

Expected Hiring Range** [_____] to [_____]
(staff positons)

No more than a 10% range, from low to high

Position Activity: (Check more than one if applicable)   Effective Date of Change [_____]

- [ ] New Position - A newly created position funded with <u>new monies added to the division's July 1 opening budget.</u> (Complete Section A)

- [ ] Replacement - of an existing position (Complete Section B and enter any changes approved by Compensation in Comments Box)

- [ ] Reallocation - Newly created position funded with monies reallocated from a discontinued position or non-salary sources (Complete Section C)

A. New Position Information: Have you received a completed Position Evaluation from Compensation?

Title [_____]   [ ] Yes   [ ] No (contact Compensation at x2230 for position eval.)

Grade [_____]   Job Code [_____]   Hrs/Wk [_____]   Reports to (name or position #) [_____]

6-digit index #1 [_____] % [_____]   6-digit index #2 [_____] % [_____]

B. Replacement Position Information: For RECLASSIFICATION or other position changes approved by Compensation, check box here [ ]
complete Section B and enter NEW information in "COMMENTS" section below:

Replacement for (Name) [_____]   Title [_____]   Grade [_____]

Position number [_____]   Job Code [_____]   Hrs/Wk [_____]   Reports to (name or pos #) [_____]

6-digit index #1 [_____] % [_____]   6-digit index #2 [_____] % [_____]

C. Reallocated Position Info (indicate source of funds and position information):

- [ ] Reallocation from discontinued position:
Discontinued Position Title [_____]   Disc. Position No. [_____]

- [ ] Reallocation from non-salary sources

Reallocated Position Title [_____]   Reports to (name or pos#) [_____]

Grade [_____]   Hrs/Wk [_____]   Job Code [_____]   6-digit index #1 [_____] % [_____]   6-digit index #2 [_____] % [_____]

Comments or Additional Information:
[_____]

Key Contact or Originator Information: Name [_____]   Extension [_____]   Email Address [_____]

APPROPRIATE APPROVALS MUST BE OBTAINED BEFORE PROCESSING BY HRM

DEAN/DIR/VP/PROXY Approval	**SVP/PROXY Approval**	**BUDGET OFFICE Approval**
[_____]	[_____]	[_____]
Date [_____]	Date [_____]	Date [_____]

*100% grant-funded staff, part-time staff and non tenure-track faculty positions need approval of Dean only - No SVP or Budget approval necessary. Coop positions do not require Dean's signature and may be submitted directly to HRM.

HR/PAYROLL SERVICE CENTER USE ONLY: Dept. No. (5-digits) [_____]

Assigned Position No. (If NEW) [_____]   Completed By [_____]   Date [_____]