



PERSONNEL CHANGE REQUISITION
SUBMIT TO OFFICE OF HUMAN RESOURCES ONCE APPROVED

<input type="checkbox"/> A. Hire / Fill Open Position <i>Job description must be attached.</i>	<input type="checkbox"/> C. Change Title/Salary/Reporting Status of Existing Position <i>*Salary changes - Vice President of Human Resources signature required</i> <i>*Title changes – Job description must be attached</i>
<input type="checkbox"/> B. Extra Pay For Extra Work - or - Interim Position <i>Job description must be attached.</i>	<input type="checkbox"/> D. Change Position Funding
REQUESTOR / TITLE _____ DIV/DEPT _____	
EMPLOYEE NAME / TITLE (if applicable) _____	

SECTION A: COMPLETE ONLY IF HIRING TO FILL OPEN POSITION and Proceed to Section "E"

Position Title _____ Proposed Salary Range \$ _____
New Hourly Clerical EEs receive previous fiscal year's hourly rate.

Position Vacated Formerly Held By _____ Outgoing Salary \$ _____
 This is a New Position Justification for new position must be attached.

Forecasted Start Date _____	<input type="checkbox"/> Exempt (Monthly)	<input type="checkbox"/> Regular	<input type="checkbox"/> Is This An Adjunct Faculty Position?
Forecasted End Date _____	<input type="checkbox"/> Non-Exempt (Hourly)	<input type="checkbox"/> Temporary	

Post position via Lincoln website, media advertisement, local newspapers and internet job board. *Job description must be attached.*
 Fill without posting Justification: _____

SECTION B: COMPLETE ONLY IF INTERIM POSITION -or- EXTRA PAY FOR EXTRA WORK and Proceed to Section "E"

<input type="checkbox"/> Extra Work (additional position)	Additional or Interim Title _____
<input type="checkbox"/> Interim Position (until filled)	Temporary Pay or Increase \$ _____ Start Date _____ End Date _____

SECTION C: COMPLETE ONLY IF CHANGING TITLE / SALARY / REPORTING STATUS and Proceed to Section "E"

Start Date _____ End Date _____

New Title (if applicable) _____ Justification for a change in position, salary, or reporting status must be attached.

New Salary (if applicable) \$ _____ Previous Salary \$ _____ Difference +/- \$ _____

New Reporting Status (if applicable) _____ New Department & Division _____
 Name/Title of New Supervisor _____

SECTION D: COMPLETE ONLY IF CHANGING POSITION FUNDING and Proceed to Section "E"

Start Date of Change _____	Please List the Position's CURRENT Funding Source(s)
End Date of Change _____	
Total Salary \$ _____	
	<input type="checkbox"/> % LU Funded Acct # _____ <input type="checkbox"/> % Grant Funded Acct # _____

Please provide brief detail if funding is split: _____

SECTION E: COMPLETE TO ASSIGN FUNDING TO THIS REQUEST

<input type="checkbox"/> Request Included in Salary Budget	<input type="checkbox"/> % LU Funded Acct # _____	<input type="checkbox"/> % Grant Funded Acct # _____
<input type="checkbox"/> Request Not Included in Salary Budget	<input type="checkbox"/> % LU Funded Acct # _____	<input type="checkbox"/> % Grant Funded Acct # _____

Please provide brief detail if funding is split: _____

APPROVAL SIGNATURES

**Signatures required*

Department Head _____	Date _____	Dean/Assoc. V.P. _____	Date _____
Director _____	Date _____	V.P. - DIVISION _____	Date _____
V.P. – HR (salary) _____	Date _____	*V.P. - FINANCE _____	Date _____
PRESIDENT _____			Date _____