

TEXAS TECH
REQUEST FOR APPROVAL AND REVIEW - NEW POSITION/RECLASSIFICATIONS

HR Use Only: Approved Position Number _____ Approved Security Level (TTU/S only) _____

Eclass: _____ FLSA: _____ Pay Grade: _____ LCAT: _____ BCAT: _____ Date: _____

HR Approver: _____

Date: _____ Contact Name: _____ Email: _____

Title: _____ Phone Number: _____ Extn: _____

Department Name: _____ Organization Code: _____

Select Position: _____ Select S/P: _____ Security Level (TTU/S only): _____

NEW POSITION **SECONDARY POSITION(SSR)**

Position Class Code: _____ Title: _____ FTE: _____

Monthly or Hourly Rate: _____ Home Organization: _____ Date for job to be posted : _____

Note: New positions will become effective at the beginning of the first payroll period following the final approval date.

Estimated Annual Cost \$ _____

LABOR DISTRIBUTION (FUNDING SOURCES) (Use comment sections if explanation is needed)

COA: _____	FOAP: _____	Account Percent: _____	Annual Amount \$ _____
COA: _____	FOAP: _____	Account Percent: _____	Annual Amount \$ _____
COA: _____	FOAP: _____	Account Percent: _____	Annual Amount \$ _____

RECLASSIFICATION OF AN EXISTING POSITION NUMBER

Home Organization: _____ Current Position Number: _____

Incumbent Name: _____ Tech ID: _____

CURRENT: FTE: _____ Eclass: _____ Monthly Salary/Hourly Rate: _____

Position Class Code: _____ Title: _____

PROPOSED: FTE: _____ Eclass: _____ Monthly Salary/Hourly Rate: _____

Position Class Code: _____ Title: _____

Estimated Additional Annual Cost \$ _____ Effective Date: _____

Note: Reclassifications will become effective at the beginning of the first payroll period following the final approval date.

continued in the next page...

LABOR DISTRIBUTION (FUNDING SOURCES)

(Use comment sections if explanation is needed)

COA: _____	FOAP: _____	Account Percent: _____	Annual Amount \$ _____
COA: _____	FOAP: _____	Account Percent: _____	Annual Amount \$ _____
COA: _____	FOAP: _____	Account Percent: _____	Annual Amount \$ _____

Comments/
Justification:

APPROVALS

DEPARTMENT HEAD: _____ Date: _____

HR COMPENSATION: _____ Date: _____

BUDGET: _____ Date: _____

AVP/DEAN: _____ Date: _____

PROVOST/VICE PRESIDENT: _____ Date: _____

The completed and signed form should be delivered to:

TTU/TTUS

Email: ***hrs.compensation.operations@ttu.edu***

or

Mail: TTU Human Resource Services, Mail Stop 1093

TTUHSC

Lubbock only: Email to ***hsccomp@ttuhsc.edu*** or
mail to HSC Human Resources, Stop 8100

Other Campus/Correctional Units: Email or Send it
to your Regional/Correctional HR Office