## TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO REVIEW AND APPROVAL – NEW POSITION / RECLASSIFICATION

HR Use Only:	Approved Position N	umber:	FY:	Log #:		
					Date:	
		HR Approval:				
Date:	Contact Nam	e:		Email:		
Title:			Phone Number: Ext:		Ext:	
Department N	Name:					
NEW	POSITION:	SECONDARY POSITION	(SSR):	SINGLE: P	POOLED:	
Position Class Code: Title:						
FTE: Monthly or Hourly Rate:				Home Organiza	tion:	
Job Effective Date: Job To Be Posted For Recruitment:						
Estimated An	nual Cost: \$					
(LABOR DISTF	RIBUTION FUNDING SC	OURCES)				
COA:	FOAP:	Account Percent:		Annual Amount: \$		
COA:	FOAP:	Account F	ercent:	Annual Amoi	Annual Amount: \$	
COA:	FOAP: Account Percent:		ercent:	Annual Amount: \$		
	RE	CLASSIFICATION OF AN	EXISTING POS	ITION NUMBER		
Home Organi	zation:		Current F	Position Number:		
Incumbent Na	ame:		Tech ID: R			
Current:	FTE:	Eclass:	N	Monthly Salary/Hourly Ra	ate:	
	Position Class Code	: Tit	le:			
Proposed:	FTE:	Eclass:	N	nonthly Salary/Hourly R	ate:	
	Position Class Code	: Tit	le:			
Estimated Additional Annual Cost: \$			J	Job Effective Date:		

LABOR DISTRIBUTION (FUNDING SOURCES)						
COA: FOAP:	Account Percent:	Annual Amount: \$				
COA: FOAP:	Account Percent:	Annual Amount: \$				
COA: FOAP:		Annual Amount: \$				
Comments / Justification:						
Note: The job effective date will begin the first payroll period following the final approval date.						
DEPARTMENT HEAD:		_Date:				
HR COMPENSATION:		Date:				
AVP HR / EXECUTIVE DIRECTOR:	Date:					
BUDGET:		Date:				
VP FINANCE AND ADMINISTRATION:	_ Date:					
PRESIDENT:		_ Date:				

Please submit completed form and supporting documents to: <u>HSC Compensation El Paso</u>