

EDINBORO UNIVERSITY  
OF PENNSYLVANIA

**- Non-Instructional -  
Authorization for Filling a Vacancy  
or Adding a New Position  
to the Complement**

**To be Completed by Originating Office:** (Please type. Where there is a choice, please show an X in the appropriate space.)

1. Department to which position will be assigned \_\_\_\_\_
2. Cost Center Number(s) \_\_\_\_\_ %; \_\_\_\_\_ %; \_\_\_\_\_ %
3. Grant Funded \_\_\_\_ Or Non-Grant Funded \_\_\_\_ Grant name: \_\_\_\_\_
4. Salary \_\_\_\_\_ Or Wage \_\_\_\_\_ Estimated Annual Salary \_\_\_\_\_
5. New Position \_\_\_\_ a. Proposed Classification \_\_\_\_\_ (attach Job Description)  
b. Funding Source \_\_\_\_\_  
Or  
Vacant Position \_\_\_\_ a. Current Classification \_\_\_\_\_ (attach Job Description)  
b. Vacated by \_\_\_\_\_
6. Effective Date \_\_\_\_\_ If temporary position, expiration date \_\_\_\_\_
7. Percentage employed (i.e., 25%, 50%, etc.) \_\_\_\_\_ F.T.E. \_\_\_\_\_
8. Justification for filling position (Use separate sheet if necessary):

Approvals:	Date	Approved	Not Approved
_____ Immediate Supervisor	_____	_____	_____
_____ Dean/Director	_____	_____	_____
_____ Vice President or Direct Report	_____	_____	_____
_____ Assoc. V.P. for Human Resources & Faculty Relations	_____	_____	_____
_____ V.P. for Finance & Administration (Budget Committee)	_____	_____	_____
_____ President	_____	_____	_____

**To be Completed by Human Resources and Faculty Relations:** Date Received \_\_\_\_\_

Approved classification (by HRFR) \_\_\_\_\_ Date \_\_\_\_\_

SAP Position # \_\_\_\_\_

9/4/2007