NEW ADMINISTRATIVE/PROFESSIONAL POSITION JUSTIFICATION

DATE: ___________________ DEPARTMENT: ________________________________

PROPOSED CLASSIFICATION: ___________________________________________

1. Please complete and attach the Administrative/Professional Position Description Form (AP-9).

2. Attach an organizational chart.

3. Are these duties and responsibilities new to the department?
   _____ Yes   _____ No

**IF YES:**

A. Who authorized these new duties and responsibilities?

B. Describe the new service to be provided.

C. From where were they assigned or reassigned (Federal, State Requirement, etc.)?

**IF NO:**

D. Who performed these duties?

E. Why are they now required?

F. If an hourly or classified performed these duties previously, what justified the change?

SUBMITTED BY: ___________________ DEPARTMENT HEAD: ___________________

PROVOST/VICE PRESIDENT APPROVAL: ________________________________

Funds AVAILABLE: _____ YES _____ NO   ACCOUNT NO. ____________________

DIRECTOR OF PLANNING AND BUDGET ________________________________

DIRECTOR OF HUMAN RESOURCES______________________________________