

RBS Position Request Form

Staff position requests requiring approval

- 1. All requests must be approved prior to posting in Recruitment, Onboarding, and Classification System (ROCS)². Do not use this form for self-initiated reclassifications.
- 2. Complete the Position Information, Funding & Justification sections of the form. Attach the Classification, Recruitment and Appointment (CARF).

 * Vacant Positions - New headcount, Backfill (only if CARF is not changing), Reclassification

 * Promotion Reclassification
- 3. Email Position Request Form to **rbs-hr@business.rutgers.edu** for internal review and approval. Subject Line: Position Request Form_Department/Unit

Staff position requests requiring compensation review, but not position approval

- 1. Complete the Position Information and Funding sections of the form.
- 2. Email the Position Request Form to rbs-hr@business.rutgers.edu for review and approval.

Requestor's Name:	Email Address:	Phone #:
Department:	Dept HCM#:	Location:
Type of Action:		
Section A.		
New Headcount (incremental head	dcount)	
Replacement (backfill existing pos	sition at same grade) -Previous Incumbent	, date vacated
Reclassification - Vacancy (upgrad	le or downgrade existing vacant position): current grade	proposed grade
Section B.		
Employee Name:		
Pay/Salary Adjustment ¹ (in-grade	pay change for employee) https://uhr.rugers.edu/policies-resources/forms/clas	sification-recruitment-and-appointment-forms
Reclassification - Employee ² (cha	nge in job duties that result in pay and/or grade change)	
Current Classification Name (job title):	Job Cla	ass Code: Job Grade:
): Job C t where employee moves to a new position at higher pay/gr	
Term appointment extension for C		ado, odironegidao
	ew end date, total appointment length to date	# of months
Convert a term appointment to a (
Other, please explain:		
1 - In-range/grade salary adjustments may be used to	provide increases to employees under certain conditions. Please refer to your Unio	on contract for additional information.
2- An employee may self-initiate a request for reclassif	cation of his/her position by preparing the appropriate forms and submitting ther	n to UHR. A supervisory signature is required prior to
UHR review to confirm that the duties, responsibilities	and requirements are accurately stated. Please refer to your Union contract for ad	ditional information.
Account Name:	Project #	· ·
Account/Index #Unit.Division.Organizatio	n and (natural) .Account Recommended Salary	or Percentage increase
Funding Information: State	Non-Sponsored Sponsored Project/Grant	

Why is this position request/update necessary? How was the w	ork accomplished previously?
Was an organizational assessment completed prior to submittin	g this request? If so, please provide a copy of the assessment and a brief description bel
Please describe the impact below if approval cannot be granted	•
Please enter the strategic theme(s) supported. Describe in detail	il how the strategic theme will be supported by this expenditure.
Requestor's Signature Da	ate
By signing below, I am indicating my support for this position request	<u>.</u>
Supervisor Signature	Date
Associate Dean of Administration & Finance	Date
Lei Lei, Dean	Date