

Non-Faculty Position Justification Form

Division/Department/Subdept:

Part I: Position Information

Reason for Request: <input type="checkbox"/> New Position <input type="checkbox"/> Reclassification <input type="checkbox"/> Replacement <input type="checkbox"/> FTE Increase <input type="checkbox"/> Other	
Position Control Number:	Person Being Replaced:
Title Being Requested:	% FTE Being Requested:
Budget % FTE: Attach Budget report (Link)	Date Position Vacated:

Part II: Department Performance Information*

Attach Performance Report <http://nso-tm1-app:9510/tm1web/>

Part III: Productivity Information (worked hours/volume)*

Attach Productivity Report <http://nso-tm1-app:9510/tm1web/>

*If not applicable, please explain why (e.g. grant-funded research position):

Part IV: Position Justification Information

1. Why do you need to fill this position?

2. How have you been covering this vacancy/need?

- Overtime – average cost/pay period:
- Agency – average cost/pay period:
- Other (explain with average cost/pay period):

3. What other positions or expense will you reduce to fund this position?

4. Impact of not filling the position?

5. How long can you continue without filling the position?

Name of Requestor (please print):

APPROVALS

Department Level Approval:

Division Level/AVP Approval (if applicable):

Senior Leader for Operational Unit:

Senior Leader for Operational Units

CEO of UConn Health & EVP of Health Affairs

VP for Ambulatory Care

Chief Financial Officer

Vice President for Human Resources

Chief Administrative Officer

Dean of the Medical School (or designee)

Dean of the Dental School (or designee)

Senior Associate Dean for Faculty Affairs

Vice President for Research