



**SAINT JOSEPH'S UNIVERSITY
AUTHORIZATION FORM FOR POSITION POSTINGS**

POSITION DATA (Please attach the Position Description.)

Position Title: _____ Date: _____

Hiring Manager: _____ Extension & Email: _____

Department: _____ Division/School: _____

Position Type (Please check where appropriate.)

Faculty Tenure Track: _____ Faculty Adjunct: _____

Administrative FT: _____ Administrative PT: _____ Administrative Interim: _____ (Duration: _____)

Staff FT: _____ Staff PT: _____ Staff Temporary: _____ (Duration: _____)

Addition: _____ Replacement: _____ (Position Number: _____)

SUPPORT DATA (Please attach a brief memo to this form and address the following issues & questions)

1. Indicate how this position:
 - a. Increases revenue and/or decreases expenses.
 - b. Is required to meet statutory compliance.
 - c. Is required to meet other compelling criteria.
2. Describe how the department would function without this position. Specifically,
 - a. How would you redirect current resources?
 - b. Which classes/services would you discontinue?
 - c. How would you redistribute the work?

APPROVALS

Department Head: _____

Division Head/Dean: _____

Vice President: _____

Chair, Cabinet Working Group: _____

President: _____

OFFICE OF HUMAN RESOURCES (Administrative & Staff Positions)

Salary Band: _____ Recommended Hiring Range: _____