Stony Brook University

# Position/Compensation Request Form
# 2020 Hold on Hiring

**1. Request Type:**

*Check one:*

- ☐ Create New Position
- ☐ Replacement Position
- ☐ Promotion
- ☐ Reclassification
- ☐ Extra Service
- ☐ Increased Duties
- ☐ FTE Increase
- ☐ Temp Agency*
- ☐ Independent Contractor
- ☐ GA/TA
- ☐ Student Employee

*Indicates Non-Employee

**2. Compensation Information:**

Funding Source: ☐ State/IFR ☐ IDC (RF)

Account #: _____

Est. Salary Range: _____

Fringe Benefit Cost: _____

Location Pay: ☐ Yes ☐ No

Start-Up Package: ☐ Yes ☐ No

Est. Start Up Value: _____

*Check one:*

☐ Internal Search ☐ Internal/External Search ☐ Waiver ☐ N/A

Number of Positions Requested: _____

**3. Budget Information** (To be completed by Department/Division Budget Representative)**:**

Budgeted: ☐ Yes ☐ No Funding: ☐ PSR ☐ TS ☐ OTPS Budgeted Amount: _____

Reference # (CBM, Commitment, etc.): _____

Explain the budgetary impact of this expense.

Dept/Div Budget Signature: _____

Provide detail supporting the critical function of this position as outlined in the hold on hiring guidelines.

**4. Position Information:**

VP Area: _____ Department: _____

Employer: ☐ State ☐ RF ☐ Non-Employee* Status: ☐ Full Time ☐ Part Time FTE: _____

Position Type: ☐ Faculty ☐ Staff ☐ Non-Employee* ☐ GA/TA ☐ RPA (if IDC funds)

Official Title: _____

Line #: _____

Anticipated Duration: _____

Supervisor Name: _____

Business Title: _____

Current/Previous Incumbent: _____

How long has this position been vacant? _____

Proposed Start Date: _____

**5. Signatures:**

Position Supervisor: _____ Date: _____

Department/Unit Head: _____ Date: _____

AVP/Dean: _____ Date: _____

VP/SVP/Provost: _____ Date: _____