

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
REVIEW AND APPROVAL – NEW POSITION/RECLASSIFICATION**

HR Use Only: Approved Position Number: _____ FY: _____ Log #: _____
Eclass: _____ FLSA: _____ Pay Grade: _____ LCAT: _____ BCAT: _____ Date: _____
HR Approval: _____

Date: _____ Contact Name: _____ Email: _____
Title: _____ Phone Number: _____ Ext: _____
Department Name: _____

NEW POSITION: SECONDARY POSITION (SSR): SINGLE: POOLED:

Position Class Code: _____ Title: _____
FTE: _____ Monthly or Hourly Rate \$ _____ Home Org Name and Number: _____
Job Effective Date: _____ Date To Be Posted For Recruitment: _____
Estimated Annual Cost: \$ _____

(LABOR DISTRIBUTION FUNDING SOURCES)

FOAP: _____ Account Percent: _____ Annual Amount: \$ _____
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RECLASSIFICATION OF AN EXISTING POSITION NUMBER

Home Org Name and Number: _____ Current Position Number: E _____
Incumbent Name: _____ Tech ID: R _____
Current: FTE: _____ Eclass: _____ Monthly Salary/Hourly Rate: \$ _____
 Position Class Code: _____ Title: _____
Proposed: FTE: _____ Eclass: _____ Monthly Salary/Hourly Rate: \$ _____
 Position Class Code: _____ Title: _____
Estimated Additional Annual Cost: \$ _____ Job Effective Date: _____

