



Student Success and Well-Being

Position Description Justification

Name of Department: _____

Action: _____

Check all that apply to requested action:

Adding, removing, or modifying specific duties

Change of supervisor or supervisory scope

Changing percentage of time to specific duties

Other: _____

Justification for Action:

If action is an establishment or a reclass please include the following:

Division: D _____

Program: PG _____

Cost Center: CC _____

Financial Site: ST _____

Fund: FD _____

Additional Worktag(s): _____

Reminder: If **action** is a PD Reclass/Establishment or a PD Update that changes the supervisor or subordinates you must include a current organizational chart and a proposed organizational chart. The organizational charts must include the employee name, title, and position number.

DDDH or AVP Signature: