

COLLEGE OF VETERINARY MEDICINE

CVM-HUMAN RESOURCES

Consultation Form

Information Only
Action Needed

Today's Date _____
 Department _____

Type of Request (Circle One) Post Vacancy Modify FTE Create New Position
 Change Classification: Band Level EPA/Post Doc
 Other: _____

Funding Source(s) _____

Initiator _____ Supervisor _____

Current Status:
 Name _____ ID # _____ Title _____ Position # _____

Classification _____ Band Level _____ FTE _____ Salary _____

Proposed Status:
 Name _____ Title _____ Position # _____ FTE _____

Effective Date _____ Classification _____ Band Level _____ Salary _____

Comments _____

Intake by _____

Assigned CVM HR Rep _____

Dean/Department Head/Director Preliminary Approval _____
 Signature _____ Date _____

NOTES
