



MPP Position Justification Form

This request is for a:	<input type="checkbox"/> New Position <input type="checkbox"/> Reassignment/Appointment from staff/Faculty to MPP <input type="checkbox"/> Replacement-Who was the former incumbent?
Division:	
Department:	
Report to:	
Number of MPP position(s) to be hired/reclassified:	

List the position(s) and how many of each reporting to the MPP:

Why is this "Position" and/or "Action" necessary? Briefly specify the responsibilities that need to be performed, and why now:

Do these responsibilities have a safety or compliance impact to the campus or to others? If so, please specify and what would happen if the position is not filled?

Does this position have campus-wide and/or system-wide impact? If so, please specify:

Is the work continuous? Yes No **If no, what is the expected end date:**

Please provide appropriate documentation to support the request, e.g, position description, organizational chart, analysis, proposal, etc.

Manager Signature:	Date:
Provost/Vice President Signature:	Date:
President or Campus Designee's Signature:	Date: