McNEESE STATE UNIVERSITY

UNCLASSIFIED POSITION DESCRIPTION, JUSTIFICATION & CERTIFICATION FORM

Use for the following: (a) any position below dean; (b) positions in which there is less than 10% increase in salary

INSTITUTION: **MCNEESE STATE UNIVERSITY**

ACADEMIC DEPARTMENT/ADMINISTRATIVE UNIT: _____

NATURE OF REQUEST: ☐ NEW ☐ REPLACE ☐ UPDATE ☐ EMERGENCY/TEMPORARY

TYPE OF POSITION: ☐ INSTRUCTION ☐ PROFESSIONAL ☐ ADMINISTRATIVE OFFICER ☐ ATHLETIC

POSITION CONTROL #	BUDGET PAGE/ LINE #	STATUS	ORIGINAL BUDGETED AMOUNT
_____	Page _____ Line _____	☐ 9/10 MO. ☐ 12 MO.	_____

REQUESTED POSITION TITLE: _____

PROPOSED ANNUAL SALARY RANGE: _____ TO _____

PROPOSED BEGINNING SALARY: _____ EFFECTIVE DATE: _____

SOURCE OF FUNDING: _____ STATE _____ FEDERAL _____ RESTRICTED _____ SELF-GENERATED

CURRENT OR PREVIOUS INCUMBENT: _____

CURRENT BUDGETED AMOUNT: _____

REASSIGNMENT/PROMOTION FOR: _____

EMPLOYEE NAME	CURRENT TITLE	PRESENT SALARY

IT IS RECOMMENDED THAT THIS POSITION BE UNCLASSIFIED, AND WE CERTIFY THAT IT MEETS THE TEACHING, PROFESSIONAL OR ADMINISTRATIVE OFFICER DESIGNATION REQUIRED BY THE CONSTITUTION (ARTICLE X, SEC. 2) AND APPROPRIATE CIVIL SERVICE RULES. IN ADDITION, WE WILL (HAVE) FOLLOW(ED) THE UNIVERSITY'S ESTABLISHED HIRING POLICIES AND PROCEDURES AND PUBLISHED EQUAL EMPLOYMENT OPPORTUNITY GUIDELINES.

SIGNATURES: _____ DATE: _____
PRESIDENT

_____ DATE: _____
VICE PRESIDENT FOR BUSINESS AFFAIRS

OFFICE USE

OFFICE CONTROL # _____

EXECUTIVE STAFF MEETING NOTES DATED: _____

ITEM NUMBER: _____

Board of Supervisors for the University of Louisiana System

UNCLASSIFIED POSITION DESCRIPTION, JUSTIFICATION & CERTIFICATION FORM

CONTROL #

Institution Name: McNeese State University Academic Department /Administrative Unit:

Budget Page: Line #: Current Budgeted Amt: Status: ☐ 9/10 mo. ☐ 12 mo.

Source of Funding: ☐ State ☐ Federal ☐ Restricted ☐ Self-Generated ☐ Grant/Contract ☐ Auxiliary

Type of Position: ☐ Dean ☐ Vice President (Asso./Asst.) ☐ Provost ☐ Athletic Director/ Equivalent ☐ Other

Nature of Request: ☐ New (attach explanation) ☐ Replace/Update (salary increase exceeds 10% - explain below) ☐ Emergency/Temporary

Justification:

**If necessary, please continue justification on another page.*

Employee Name:

Current Title: Present Salary:

Requested Position Title: Proposed Annual Salary Range: TO

Proposed Beginning Salary: Effective Date:

Current or Previous Incumbent:

Reassignment /Promotion For:

It is recommended that this position be unclassified, and we certify that it meets the teaching, professional or administrative officer designation required by the Constitution (Article X, Section 2) and appropriate civil service rules. In addition, we will (have) follow(ed) the University's established hiring policies and procedures and published equal employment opportunity guidelines.

Approved By: _____
Dean/Director Date: _____

_____
Vice President Date: _____

_____
President Date: _____

FOR SYSTEM OFFICE USE

Approved By: _____ System Authority _____ Date

Revised August 1, 2006