Antioch University New England
Position Authorization Form

Supervisor's Name: _____

Department: _____

This position will be:

___ Full Time 100%
___ Part Time ___%
___ Temporary From _____ To _____

I. Replacement

Created by ___ Promotion of _____
___ Dismissal
___ Resignation

Recommend ___ Changes
___ No changes in duties or responsibilities

II. New Position

Position Title: _____

Classification:

Faculty	___
Administrative	___
Administrative Associate	___
Staff	___

Basic job description must be prepared and attached.

Starting Salary or Range: $ _____

Budget Projections (*External Searches Only*)

Advertising $_____ Moving Expenses $_____

Authorized by:

_____ _____
Supervisor Date

_____ _____
President or Designee Date

_____ _____
Director of Human Resources Date

Return to the Office of Human Resources