Potsdam
STATE UNIVERSITY OF NEW YORK

POSITION JUSTIFICATION FORM

Budget Title:

Position Reports To:

Department:

Position Information

Start Date: End Date (if applicable):

☐ New Position   ☐ Replacement   Date Vacated: _____/_____/_____

                                                       Month   Day   Year

Employee Being Replaced: _____

Title: _____   Salary Requested: _____

Reason for Vacancy: _____

Is funding budgeted for this position?   Yes - Budgeted   No – Unbudgeted

How is the position being funded?   PSR   Temp Service   IFR   DIFR   Const Fund

Account Number: _____

Please select the SUNY Criteria for exemption that justifies replacement during the current hiring freeze.

SUNY Criteria

       Staff: Health and Safety

       Staff: Student Facing Experience

       Staff: Managerial/Operations

       Faculty: Instruction and Research

       Faculty & Staff: Revenue Generating

1. Describe how this position meets one or more of the exemptions listed above.

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2. What will be the impact to the campus if the position is not approved?

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Realignment Activities

1. Why does this work need to be performed? (Mission Alignment)

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2. Can it be absorbed by or reassigned to other employees in your department? Are these employees qualified to perform these duties?

☐ Consolidate Into Existing   ☐ Convert to a 10-Month   ☐ Change to PT   ☐ Re-distribute Work

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3. Can the duties of this position be realigned to such an extent that the position can be eliminated?

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4. How will this work be done if approval cannot be granted and by whom? Please provide titles/names, if known.

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5. Has a re-engineering of the functional area been completed? Please provide the details of the changes made.

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Analysis Conducted by: _____   Date Completed: _____

Title: _____

Please provide a new job description and any other data you believe demonstrates or supports your request.

Hiring Determination

☐ Position not Required ☐ Duties Realigned ☐ Position to be Posted ☐ Hold Open for _____

(Indicate length of time)

Hiring Manager:_____ Date: _____

Dean/Director:_____ Date: _____

Vice President:_____ Date: _____

Chief Financial Officer:_____ Date: _____