**Submitted By:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Request Type:**

Request for a New Position  Request to Modify an Existing Position

**Request Details:**

Current Position Title (If existing): Select a position

New/Modified Position Title: Click or tap here to enter text.

Department: Click or tap here to enter text.

Department No.: Click or tap here to enter text.

Hiring Manager: Click or tap here to enter text.

Delegate (if applicable): Click or tap here to enter text.

**Reason for Request:**

Click or tap here to enter text.

**Job Description Details**

Please complete the job description details below. If you need more space, add a new line.

|  |  |  |
| --- | --- | --- |
| **List of Job Duties** | **New, Modified or Existing?** | **If existing or modified, from which position?** |
|  | Choose an item. | Select a position |
|  | Choose an item. | Select a position |
|  | Choose an item. | Select a position |
|  | Choose an item. | Select a position |
|  | Choose an item. | Select a position |
|  | Choose an item. | Select a position |
|  | Choose an item. | Select a position |

|  |  |  |
| --- | --- | --- |
| **Job Qualifications** | **New, Modified or Existing?** | **If existing or modified, from which position?** |
|  | Choose an item. | Select a position |
|  | Choose an item. | Select a position |
|  | Choose an item. | Select a position |
|  | Choose an item. | Select a position |

|  |  |  |
| --- | --- | --- |
| **Additional Information (ie. special equipment, travel)** | **New, Modified or Existing?** | **If existing or modified, from which position?** |
|  | Choose an item. | Select a position |
|  | Choose an item. | Select a position |
|  | Choose an item. | Select a position |
|  | Choose an item. | Select a position |

**Approval**

Submit completed form to Miranda Pawlett, Human Resources Recruiter for approval.

**Date Received to HR:**

**HR Approval:**   Approved  Declined  Union Approval Required

**If declined, reason:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Date Submitted to Union Representative:**

**Union Approval:**  Approved  Declined  N/A

**If declined, reason:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**