



## 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:	
Reports 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, proposals, etc.*

Manager Signature	Date
Provost/Vice President Signature	Date
President or Campus Designee’s Signature	Date