

**SoE Position Review Form – Department Head Approval Required with Submission of This Form**

Name of DLC: \_\_\_\_\_  
Name of Hiring Manager/Supervisor: \_\_\_\_\_  
Current Job Title: \_\_\_\_\_  
Current Position Title: \_\_\_\_\_  
Employee/Candidate Name (if applicable): \_\_\_\_\_  
Department Head Approval:  Yes  No \_\_\_\_\_ Date: \_\_\_\_\_

**Request Type** (select one):

Request to Post Position: Is this a New Position (Addition to Headcount)?  Yes  No  
Is this a Replacement Position?  Yes\*  No  
\*If yes, who is being replaced? \_\_\_\_\_  
Job type?  Exempt (Salaried)  Non-Exempt (Hourly)

Request to Hire: Requisition # \_\_\_\_\_

Request to Extend Appointment: Original Date of Hire: \_\_\_\_\_

Request to Promote (Interim Increase form, resume & revised job description, etc.)

Other: \_\_\_\_\_

**Level of Effort:**  Full-time  Part-time % effort or Hours/week: \_\_\_\_\_

**Effective date and end date:** \_\_\_\_\_

**Salary:** If this request includes salary consideration, include following information:  
Salary range if posting a position: \_\_\_\_\_  
Current salary: \_\_\_\_\_  
Proposed salary (and % increase, if applicable): \_\_\_\_\_

**Funding Source:** Include cost object(s) and percentages below.

GIB: Indicate type of GIB funds  
 Recurring GIB (Base funds) \_\_\_\_\_  
 Non-Recurring GIB \_\_\_\_\_

Fund Account: \_\_\_\_\_

Sponsored Research: \_\_\_\_\_

If funding is from an external source, has MIT received the funding for the position?  Yes  No

Is there sufficient funding to cover at least one year of salary and benefits or length of appointment?  Yes  No

Please explain why this request is essential to your DLC at this time and describe how the DLC would be impacted if the request were to be delayed or deferred. Include any other relevant information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

