

Vacant and New Position Analysis

To be completed when a UA System Office position becomes vacant or new position is requested.

Please complete the entire form for all UA System Office Regular, Term, and Executive vacancies.

Where applicable, provide separate documents with justification.

| | | | |
|------------------------------------|-----------------------------------|----------------------|------------------------------|
| Department: | | | |
| Job Family Title: | | Grade: | |
| Prior Incumbent: | | | |
| Date of Vacancy: (mm/dd/yy) | | | |
| Employee/Position Types: | Non-exempt, Exempt, or Executive: | Continuing or Term: | |
| PCN: (six digits) | | Funding Type: | (unrestricted/restricted): ' |
| Restricted Fund Source: | (grant name and number) | Fund and Org: | |
| Hiring Authority Approval: | | Date: | |
| VP/Direct Report Approval: | | Date: | |

| Critical Functions of Position: | Yes | No | |
|---------------------------------------------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------|
| Are the duties of this position Primarily Compliance ? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, provide information/documentation in the Memo of Justification. |
| Is this position On Call 24/7 ? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the position have Security Responsibilities ? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is this position required by Policy or Regulation ? | <input type="checkbox"/> | <input type="checkbox"/> | |

| Other Position Function Information: | Yes | No | Additional Information |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------|
| Is the Position Description current and accurate? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Could the duties of this position be permanently reassigned to another position(s) within the department? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Could the duties of this position be permanently reassigned to or shared with another position(s) within UA System Office? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Could the duties be reassigned to another university? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Could the work be outsourced? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Could the duties be reassigned to a Student or Temporary Worker? Is there adequate Labor Pool Budget to cover these additional expenses? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Could the hours be reduced without impacting the services provided? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Could the duties be temporarily reassigned to another position(s)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there other vacancies within the department? If yes, how many? | <input type="checkbox"/> | <input type="checkbox"/> | Posted: <input style="width: 50px;" type="text"/> Not Posted: <input style="width: 50px;" type="text"/> |
| When are the busiest times for this position? | | | |
| When are the slower times for this position? | | | |
| What is the impact of not refilling this position? | Provide information in the Memo of Justification. | | |
| What is the impact of delaying the recruitment of this position? | | | |

ALL requests to fill a position require a Memo of Justification which includes the information outlined above.
 Requests should be submitted to System Office Budget Office after the Vice President or Direct Report to the President approves.

Budget Approval (prior to President's approval): _____ Date: _____

Comments: _____

Human Resources Approval (prior to President's approval): _____ Date: _____

Comments: _____

Effective Date (if different than approval date): _____

President's Approval: _____ Date: _____

Comments: _____