

GEORGE MASON UNIVERSITY POSITION MAINTENANCE FORM (PMF)

This form is needed for any new, cancelled or converted positions. This form is NOT needed for filling vacant positions or for salary changes of current employees. **Routing/Signatures:** Department initiates request; Dean/Dir/VP signs request; to HR for review of position classification; HR sends to Budget; Budget assigns position number; Budget office sends to Unit and HR.

Unit and Department: _____

Title of Position: _____

Position will report to (Name and Position Number): _____

Contact: _____ **Phone #:** _____ **Fax #:** _____

FUND OR ORG* POSITION WILL BE PAID FROM: _____ **FTE:** _____

*If E&G, AE or Indirect, use Org code. If Sponsored Project, use indirect "guarantee org". If Capital or Agency, use Fund Code.

POSITION BUDGET (Salary/Fringe/Total): \$ _____ **EFFECT. DATE:** _____

(If this position will be fully funded from Sponsored Research funds, you may skip to the section titled "Position Type")

IDENTIFY WHERE THE BUDGET SHOULD BE MOVED FROM IN ORDER TO FUND THIS POSITION -

(AMOUNT/ORG/FUND): _____

(Please indicate the source of funding for this position (include fringe costs). Please contact your budget analyst for assistance. **FAILURE TO COMPLETE THIS SECTION WILL CAUSE A DELAY IN THE ISSUANCE OF A NEW POSITION**).

FRINGE RATES ARE AS FOLLOWS: INSTRUCTIONAL/RESEARCH FAC 34.7%, ADMIN FAC 34.7%, CLASSIFIED 44.9%

Position Type: If this is a restricted position please check here: _____

Instructional Faculty: _____ 9 month _____ 12 month **(Send to HR first)**
_____ Tenure Track _____ Tenured _____ Term **(Send to HR first)**

Research Faculty: _____ 9 month _____ 12 month **(Send to HR first)**

Administrative Faculty: _____ **(Send to HR first)**

Classified: _____ **(Send to HR first)**

Is this to cancel an existing position, convert a position or create a new position?

Position # to Cancel _____ New _____ Position # to Convert: _____

Position Justification. Please explain why this position is necessary. Duties/Responsibilities should be included.

Please provide HRD with the following documentation. Administrative Faculty-Position Description; Classified-Employee Work Profile. (Contact HRD for further details). Instructional/Research Faculty-Overview/brief job description.

Dean/Director/VP Approval: _____ **Date:** _____

You may fax this form to the Budget Office 38772.

Budget Office Approval: _____ **Date:** _____

For Central Office Use Only:

POSITION NUMBER ASSIGNED (NBAPOSN): _____ **Budget Assigned (NBAPBUD):** _____

Unit/HR notified: _____

(Revised 05/09/2017)