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 OSP if sponsored funds; HR or OSP sends to Budget; Budget assigns position number; Budget office sends to Unit/HR/OSP-if applicable.

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 funded from E&G, AE or Indirect, use Org code. If Sponsored Project, 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 33.1%, ADMIN FAC 33.1%, CLASSIFIED 42.9%

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

Instructional Faculty: _______ 9 month _______ 12 month     _______Tenure Track _______Tenured _______Term
(Send to HR first)

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

Administrative Faculty: ___________     (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 or, if appropriate, OSP 32296

Budget Office or Sponsored Programs Approval: __________________________________________     Date___________________

For Central Office Use Only:

POSITION NUMBER ASSIGNED (NBAPOSN):_________________________Budget Assigned (NBAPBUD):___________

Unit/HR/OSP notified: ________________                            (Revised 07/21/2014)