



Elson S. Floyd College of Medicine

WASHINGTON STATE UNIVERSITY

POSITION MODIFICATION JUSTIFICATION FORM

Instructions: Complete this form in its entirety and submit to medicine.careers@wsu.edu for routing. If approved, the request will be submitted to the Provost Office for final review. See instructions on page 2.

Department _____ Current Annual/Approved Salary _____

Name _____ Salary/ADR Increase Percentage _____

WSU # _____ Annual Salary Increase _____

Position # _____ New Title (*Reclassification only*) _____

Request is in FY20 budget? _____ Budget Number _____

Action Requested _____ Justification _____

Critical Position Justification Options:

Program Failure if the position is not filled

Significant negative impact if not filled

No opportunities to access expertise from other area

There is permanent funding for the position

Position is a requirement for health/safety of staff and students, emergency mngmt, student health & wellness

Position is necessary to meet compliance requirement

Requestor Signature _____ Effective Date _____

Justification: State the details justifying the choice above. For retention increases, include examples of "Demonstrated difficulty" retaining qualified individuals. For significant change of duties, please provide specific examples.

Chair/Vice Dean Review Signature _____ Date _____

Research Office Review Signature _____ Date _____

Finance Office Review Signature _____ Date _____

Dean Review Signature _____ Date _____

Dean's Comments:

Press Submit to send form to medicine.careers@wsu.edu.

Form Instructions

1. Department | Please select the appropriate Department or Office from the drop-down list.
2. Name | Include the full name of the applicable employee. If this is a new position, you can leave it blank, enter "N/A" or "New Position".
3. Title/Rank | Provide the current title/rank of the employee or position.
4. WSU Number | If applicable, provide the WSU # of the existing employee. If not applicable, leave blank or "N/A".
5. Position Number | Provide the position number, if you are not aware of the position number you can contact Erin Hunley or Megan Hammond in ESFCOM Business Services or HRS.
6. New Title | **For Reclassification Requests Only.** If your request is not to reclassify an employee of vacant position - leave blank or "N/A"
7. Action Requested | Please select the most applicable action being requested from the drop-down list.
8. Justification | Please select the appropriate justification reason for the request from the drop-down list. If you feel that none apply, select "Other" and provide clear explanation in the Justification section. If this is for a new position - please select the reason(s) from the Critical Justification Section [See #13].
9. Budget Number | In order to verify the funding availability for the request, provide the budget number(s) intended to fund the action.
10. Current Annual Salary | Provide the current salary of the employee or position. If this is a new or vacant position, provide the current "approved salary". If you are not aware of this information, contact the ESFCOM Business Services.
11. Salary/ADR Increase Amt/% | Provide the requested annual increase amount, either in dollar or percentage format. If no increase is being requested, leave box blank.
12. Revised Annual Salary | Provide the new Annual salary that is being requested. If no increase is being requested, leave box blank.
13. Critical Justification | **For New Positions Only.** Please select the most applicable critical justification reason for requesting a new position. Additional information supporting this will need to be demonstrated in the justification box [See #16].
14. Effective Date | Please select the estimated date that this action should go into effect. Please consider the processing time needed to complete the request. Backdating requests should be reviewed and approved with the Department/Office Senior Management before submitting the request.

***Reclassifications:** Employees should not be working outside of their classification without senior management approval. If the department has a need for employee(s) to take on responsibilities outside of their classification, please contact Erin Hunley or Megan Hammond in ESFCOM Business Services and the Senior Management to discuss options.
15. Requester Signature | The direct line supervisor of the employee/position needs to sign with a Digital ID. If you do not have one and need assistance in creating one, contact ESFCOM Business Services for assistance.
16. Justification | Please provide comprehensive justification that supports the request. The justification should be the following:
 - Factual and data based as much as possible. Try to avoid "story telling" and stick to verifiable facts and data that can be assessed if needed.
 - Provide specific examples to demonstrate the justification category selected in #8 or #13. (i.e. specific examples of what additional duties the employee is taking on outside of classification or how the position not being filled will have significant negative impacts on the program).
 - If applicable, provide information on the funding source for the position (i.e. pending and/or secured grant(s))

The request will be reviewed and gather the signatures from the appropriate authorities within the College before being submitted to the Provosts Office, Chancellor or HRS. If you have any questions about the process or the status of your request, contact Erin Hunley or Megan Hammond.