

# APPENDIX E

## WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION WEST VIRGINIA COUNCIL FOR COMMUNITY AND TECHNICAL COLLEGE EDUCATION CLASSIFIED POSITION INFORMATION QUESTIONNAIRE

### I. POSITION INFORMATION

DATE: 1/5/10 INSTITUTION:

Department Use Only	HUMAN RESOURCES USE ONLY
<input type="checkbox"/> Posting of Vacant Position <input type="checkbox"/> New Position <input type="checkbox"/> Review of Existing Position <input type="checkbox"/> Annual Update <input type="checkbox"/> Conversion : Effective Date _____ <input type="checkbox"/> Change in weekly hours from _____ to _____ <input type="checkbox"/> Change in months from _____ to _____ <input type="checkbox"/> Interim Upgrade <input type="checkbox"/> Other, Explain: _____	Position Title: _____ Working Title: _____ Mercer Code/Job Family: _____ PG: _____ Entry Rate: _____ EEOC #: _____ Employment Status: <input type="checkbox"/> FTR <input type="checkbox"/> PTR <input type="checkbox"/> FTT <input type="checkbox"/> PTT Benefits Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FLSA Status: <input type="checkbox"/> E <input type="checkbox"/> NE <input type="checkbox"/> Admin. <input type="checkbox"/> Prof. <input type="checkbox"/> Tech. <input type="checkbox"/> Clerical <input type="checkbox"/> Craft <input type="checkbox"/> Service
Dean/Director/Administrator's Signature _____ Date _____	Analyst: _____
	Date of Action: _____
<b>NOTE: Please retain a signed copy of coversheet and PIQ for your departmental records</b>	Effective Date/Pay Cycle: _____

Current Position Title: _____	Current Paygrade: _____
	Grant Funded: Yes <input type="checkbox"/> No <input type="checkbox"/>
Division, Department, College, School and/or Unit: _____	
Scheduled Hours Worked Per Week: _____	Appointment Length: _____ (months)
Normal Work Schedule (note any shift and/or start and end times): _____	
If Temporary, Indicate Ending Date: _____	
Incumbent: _____	Telephone Number: _____
Campus Address: _____	Email Address: _____
If vacant – previous incumbent: _____	
Immediate Supervisor: _____	Title: _____
Campus Address: _____	Telephone Number: _____
Email Address: _____	