



MPP Position(s) Justification Form

This request is for a:	<input type="checkbox"/> Newly created MPP (new CMS #)
	<input type="checkbox"/> Newly created MPP (re-purposed CMS # - not previously an MPP position)
	<input type="checkbox"/> Reassignment/Appointment from Staff to MPP
	<input type="checkbox"/> Replacement – Who was the prior incumbent? _____
Division:	
Department:	
Working Title:	
Classification:	
Contact Name:	
MPP Supervisor:	
Number of MPP position(s) to be hired/reclassified:	
List the position(s) reporting to the MPP:	

Why is this "Position" and/or "Action" necessary? Specify the responsibilities that need to be performed. How do these responsibilities align with the strategic goals of the University?

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Do these responsibilities have a safety or compliance impact to the campus or to others? If so, please specify.

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Does this position have campus-wide and/or system-wide impact? If so, please specify.

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Is the work continuous? Yes No **If no, what is the expected end date:** _____

Please provide appropriate documentation to support the request, e.g., position description, organizational chart, analysis, proposals, etc.

MPP Supervisor's Signature	Date
AVP/Department Head's Signature	Date
Vice President's Signature	Date
President or Campus Designee's Signature	Date