

# PERT Review Form

*Instructions: Complete form. Attach relevant documentation and submit to your HR or Cabinet Member Designee*

## Section 1: Request and Justification

Department/Program: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Email: \_\_\_\_\_

I have read and understand the [COVID-19 Cost Containment guidelines](#).

Does this position fit in any of the following Mission Critical categories? (check all that apply) :

- Ensure our ability to deliver the essential elements of our curriculum, or to meet obligations of externally-funded research
- Support student enrollment as the university's primary source of revenue
- Sustain or enhance our ability to generate positive net revenue, realized in the near term and preferably ongoing
- Uphold the legal obligations and accreditation standards of the university.

Does this position fit in any of the following operational categories? (check all that apply):

- Revenue or Fund Generating
- Health and Life Safety
- Compliance/Legal

Is this request budget neutral, an increase in cost or a decrease in cost?

- Budget Neutral
- Increase in Cost
- Decrease in Cost

Is filling this position now important enough for the University to possibly lay off a current employee in the future if the budget situation requires us to do so?

- Yes
- No

Why is the position necessary now and what work is not being done now that requires a position?

Are there any other employees in your school, department, or unit that could perform the job duties or resources to cover the activities associated with this request?

What is the impact if this request is not approved?

What other expenses could be saved to support this request?

## Section 2: Position Type and Funding

**For New/Updated positions, attach new/revised job description. Please highlight revisions to old description.**

- Type of Request:
- Proposed New Position (*attach position description*)
  - Fill Vacant Position (Backfill position)
  - New Temporary Pay Increase
  - Extend Temporary Pay Increase
  - Class Comp Action (ie: update position description)

- Type of position:
- Executive
  - Professional
  - Operational
  - Hourly
  - Temporary Hourly (6 mo or less)
  - Student Hire

- Proposed Funding Source(s):
- E&G
  - Private Funds
  - Local Funds
  - Grant Funds
  - Indirect Cost Recoveries

Index: \_\_\_\_\_

**TOTAL COST FOR THIS REQUEST (ie: *employees x hours x rate*):** \_\_\_\_\_

Is the funding source identified above restricted solely to/for this purpose?       Yes       No

## Section 3: Request Details

Position Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Proposed Position Title (if changed): \_\_\_\_\_

Proposed Base Salary or Salary Range: \_\_\_\_\_

For Pay Increase requests

Increase \$: \_\_\_\_\_      Increase %: \_\_\_\_\_

Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_

Annual Cost: \_\_\_\_\_      Extended Cost (use 32% fringe rate): \_\_\_\_\_

Staff name (for pay increases and class comp actions): \_\_\_\_\_

## Section 4: Student Hires

*If you're requesting to hire more than one student under this position profile, please complete a "Section 4" for each student. If student names are not known, note "TBD" in that line. Only one "Section 4" is needed if all students are new/unknown.*

Number of student hires requested: \_\_\_\_\_ Request \_\_\_\_\_ of \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Banner ID: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Type of Request:      New Hire  
                           Extend end date of current hire

Type of Student:

Undergraduate

Graduate

Is this an international student on an F1 or J1 Visa?

Yes

No

Is this student an athlete?

Yes

No

Is this student a Federal Work Study (FWS) recipient?

Yes

No

**Section 5: Approvals**

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Requestor Signature Date

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Department Approver Signature Date

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VP/Dean Signature Date

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Cabinet Member Signature Date

-----Sections Below for PERT and COO-----

**TO BE COMPLETED BY PERT:**

- RECOMMEND TO PROCEED       DO NOT RECOMMEND TO PROCEED

RATIONALE:

**TO BE COMPLETED BY COO:**

FINAL DETERMINATION:

DATE: