

## PRC Application

Indicate the employee type.  
(Required)

- ☐ Regular/Ongoing
- ☐ Term Appointment

Select one of the following request reason types.  
(Required)

- ☐ New Position - a newly created position within a department or division (note, if you are reconfiguring an existing/former position, select "Reclassification" and provide specific details in the upcoming fields that identifies the former reconfigured position and requested change.)
- ☐ Increase in FTE/Hours - an increase in the number of hours per week or months per year
- ☐ Reclassification/Promotion or Equity/Market Adjustment - a material change in the job description and/or an increase to the compensation of an existing or modified position
- ☐ Replacement - an unoccupied position due to resignation, reorganization, retirement or other separations. May have minor edits to job description or title, however grade remains unchanged.
- ☐ Extension of Term Appointment - extension of existing term appointment
- ☐ Stipend - aka One-Time Payment (please type N/A in all required fields that are not applicable)

Please provide the following details:

- Current rate of pay: Hourly (non-exempt) & Annual (exempt)
- Proposed rate of pay: (Hourly (non-exempt) & Annual (exempt))

and

- Current weekly hours
- Proposed weekly hours

Enter N/A if there are no changes in proposed rate of pay and hours  
(Required)

*If any of these options circled above are selected, the following question will appear.*

Did you complete the job evaluation process with HR/Compensation?  
(Required)

- ☐ Yes
- ☐ N/A - the compensation is subject to a collective bargaining agreement or the multi incumbent position has an approved, standardized rate of pay (ie Cook)
- ☐ N/A - the job duties will not change; the desired compensation for the replacement position does not exceed that of the previous incumbent; and/or the salary range was last reviewed less than a year ago
- ☐ N/A - change in hours only
- ☐ No - discontinue completing this request and contact HR/Compensation

Please indicate the approved range provided by HR/Compensation during the job evaluation process.  
(Format as follows: minimum of range - maximum of range)  
(Required)

*If Yes is selected above, the following question will appear.*

In the following section, you will be asked to describe the specific funding source(s), including cost center, fund(s) and function(s) as well as the specific dollar amount to fund your request.

Is the requested change funded in your budget for the current fiscal year?  
(Required)

- ☐ Yes
- ☐ No (discontinue completing this request and resolve the funding issue)

Please indicate any additional funds needed that are not already included in your budget. For example, you are replacing a vacancy and have the full amount available in your budget, enter \$7

List the additional dollar amount requested, excluding fringe (must be at least 1).  
(Required)

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Is this a full-time or part-time position?  
(Required)

- ☐ Full-time
- ☐ Part-time

What is the allocation fund source: **Cost center(s)**  
(Required)

What is the allocation fund source: **Fund(s)**  
(Required)

What is the allocation fund source: **Function(s)**  
(Required)

Describe any IT/equipment or office furnishings needed related to this request (Note: if this is a new/additional position, departments must budget for a computer)  
(Required)

Does this position have an existing office / workspace?  
(Required)

☐ Yes

☐ No

Please provide the building and exact location (room #)  
(Required)

*If Yes is selected above, the following question will appear.*

What is the plan for an appropriate workspace? Building and exact location  
(Required)

*If No is selected above, the following question will appear.*

What modality is this position?  
(Required)

☐ Hybrid

☐ On-Campus

If making a request related to an existing (such as a promotion) or former (such as a replacement/reclassification) incumbent, enter their **LAST** name.

If making a request related to an existing (such as a promotion) or former (such as a replacement/reclassification) incumbent, enter their **FIRST** name.

What is the **current position title** of the incumbent or, if requesting a replacement/reclassification, what is the position title of the job that is/will be vacant.

What is the **title of the new position** requested if it is not an exact replacement?

Describe the proposed employment action, include the requested effective date and/or resignation/retirement date (if applicable.)

**Please note - effective date information:**

The effective dates of approved actions will generally coincide with the first pay period following PRC approval but may be delayed based on the timing of payroll processing deadlines.

(Required)

How does the proposed employment action contribute to and support RISD's strategic plan and departmental goals, and what would the impact be if this position were not filled?

(Required)

Please provide any additional relevant information.