



**FLORIDA INTERNATIONAL UNIVERSITY
CHANGE REQUEST FORM**

Position Number _____ Position Title _____

Dept. College _____ Campus _____

Last Recruiting Deadline Date _____

Description of Change (check appropriate action):

- Cancellation of Position
- Readvertisement

IDENTIFY CHANGE:

Deadline Date _____ Position Number _____

Anticipated Starting Date _____

Salary Range _____

Position Title _____ FTE _____

Position Requirements:

Reason for Request:

Approved by:

	Vice President	Date
	EOP Director	Date

Hiring Official _____ Date _____

Equal Opportunity Programs Use Only

Date Input: _____ Posting Period _____ 8/99 REV. 10/06 mmm