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| **KANSAS STATE UNIVERSITY**  **POSITION DATA SHEET (Classified and Unclassified Employees)** |

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| EMPLOYEE NAME: |  | SOC SEC # |  |

(first, middle, last)

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| DEPARTMENT ID | DEPARTMENT NAME | EMPLOYEE ID | RCD # |
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| ADD |  | UPDATE |  | CORRECT/  SUPERCEDE |  | INACTIVATE |  | POSITION NUMBER  (system generated if add) |  |

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| EFFECTIVE DATE: |  | REASON: | NEW | REPORTS TO: |  |

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| TITLE (optional – will override Job Title in Campus Phonebook): |  |
| LONG DESCRIPTION: | |

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| COMPANY: | SOKS | DEPARTMENT ID: |  |  |
| DEPARTMENT NAME: | |  | | |

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| JOB CODE: | |  | JOB TITLE: | |  | | | | |
| REGULAR |  | TEMPORARY |  | FULL-TIME | |  | PART-TIME |  |  |
| (Budgeted) (Non-Budgeted) | | | | | | | | | |

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| MAIL DROP ID: | |  | | | | | WORK PHONE: | | | | |  | |
| BUDGETED POSITION | | | |  | CONFIDENTIAL POSITION | | | | | |  | POSITION POOL ID: |  |
| CLASSIFIED: |  | | UNCLASSIFIED: | | |  | | FTE: |  |

ACADEMIC RANK: 001-Professor 002-Assoc Prof 003–Asst Prof 004–Instructor None

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| COUNTY: |  | HOLIDAY SCHEDULE: |  | WORK SCHEDULE: |  |

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| FLSA STATUS: Exempt |  | Non-Exempt |  |  | DESIGNATED/COMMERCIAL: |  |

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| APPT BASIS: | 9-month |  | 12-month |  |  | PAY GROUP: |  | EMP TYPE: |  |

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| SUPERVISORY: |  | SSI DESIGNEE: |  | CIP CODE: |  |

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| **Additional Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **FUNDING INFORMATION**: Updated by Departments in HRIS**. For department use only.**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | PROJECT # | PROJ ECT DESCRIPTION | FUND SOURCE | ORG | AWARD (If applicable) | FTE | ANNUAL AMT | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |

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EMPLOYEE SIGNATURE (if required) DATE

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SIGNATURE(S) OF UNIT OR DEPARTMENT HEAD, DEAN, AND/OR VICE PRESIDENT DATE