

**HOURLY POSITION CLASSIFICATION FORM**
 Originator :  
 Originator's Email :  
 Originators Phone:
**Instructions**

An Hourly Position Classification Form needs to be completed for all Hourly Employees earning over \$10.49 an hour. All sections must be completed and all signatures must be obtained before submitting to the Department of Human Resources (DHR). Incomplete forms will be returned to department and may cause a delay in pay. **Please be sure this form has been submitted to DHR prior to submission of the EPAF.**

Please do not fax or hand deliver this form. Scan and email completed form to [HRS-PERSONNEL@ualr.edu](mailto:HRS-PERSONNEL@ualr.edu). Subject line should read: PCQ Form – Jane Doe (T00000000), HR9999.

1. Mr. <input type="checkbox"/> Last Name First Middle Initial Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>			4. T-Number	
2. Department			5. Working Title (if applicable)	
Position Number			6. Hourly Rate	
3. Regular Schedule of Hours of Work			7. From Date: To Date:	
	From	To	8. Is work being performed <input type="checkbox"/> Year-round? <input type="checkbox"/> Seasonal? <input type="checkbox"/> Temporary? <input type="checkbox"/> Other (ie: for duration of a 3 year grant)	
Mon	_____	_____		
Tues.	_____	_____		
Wed.	_____	_____		
Thurs.	_____	_____		
Fri.	_____	_____		
Sat.	_____	_____		
Sun.	_____	_____	9. If work is seasonal or temporary, indicate part of year or Work is :	

10. Describe below in detail the work that will be performed. Attach additional sheets if necessary.

**% TIME****WORK PERFORMED****LEAVE BLANK**

--	--	--

12. Justification for Hire.

**STATEMENT OF GENERAL SUPERVISOR**

13. Justification for hourly rate.

14. Is this position being filled by a UALR recent graduate or a current student/GA?

15. Is this position being filled by a previous UALR full-time/part –time benefits eligible employee?  Yes  No If yes, what was the last date of employment?

16. Does this position require computer skills?

17. Does this position require administrative or clerical duties?  
 No  
 Yes – Give % of time spent in typing:        %

18. Name and Title of Immediate Supervisor: \_\_\_\_\_  
Date: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

19. Name of Department Chair/Director: \_\_\_\_\_  
Date: \_\_\_\_\_ Department Chair/Director Signature: \_\_\_\_\_

20. Name of Dean: \_\_\_\_\_  
Date: \_\_\_\_\_ Dean's Signature: \_\_\_\_\_

*(The signature for this section is only required if the employee's hourly rate is \$25.00 or greater.)*

21. Name of Vice Chancellor : \_\_\_\_\_  
Date: \_\_\_\_\_ Vice Chancellor's Signature: \_\_\_\_\_

**HR USE ONLY**

Equivalent Classified Title:	Fiscal Year:
------------------------------	--------------

Position Cls Code:	Grade:	Entry Salary:	Max Salary:
--------------------	--------	---------------	-------------