

UNIVERSITY OF FLORIDA  
EQUAL EMPLOYMENT OPPORTUNITY OFFICE  
FACULTY POSITION VACANCY ANNOUNCEMENT  
**CHANGE REQUEST FORM**

PLEASE PRINT ON **BLUE** PAPER AND SUBMIT WITH ORIGINAL SIGNATURES TO:

P. O. Box 115010  
903 West University Avenue  
(352) 392-2477

**OR**

Fax to (352) 392-7094

**OR**

Email to [emitch@ufl.edu](mailto:emitch@ufl.edu)

Position Number \_\_\_\_\_ Position Title \_\_\_\_\_

College \_\_\_\_\_

Department \_\_\_\_\_

Last Recruiting Deadline Date \_\_\_\_\_ Last Anticipated Starting Date \_\_\_\_\_

Description of Change: (Check appropriate action)

\_\_\_\_\_ READVERTISEMENT \_\_\_\_\_ CANCELLATION \_\_\_\_\_ UPDATE

New Deadline Date (if applicable) \_\_\_\_\_ New Anticipated Starting Date (if applicable) \_\_\_\_\_

New Salary Range (if applicable) \_\_\_\_\_ New % FTE (if applicable) \_\_\_\_\_

New Position Title (if applicable) \_\_\_\_\_

New Position Requirements (if applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Requesting Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Person Responsible for Recruitment

\_\_\_\_\_  
Approved by: Equal Opportunity Officer

\_\_\_\_\_  
Date

PLEASE PRINT ON **BLUE** PAPER AND SUBMIT WITH ORIGINAL SIGNATURES.

Revised 11/08