



**MEDICAL COLLEGE OF GEORGIA**  
**School of Medicine**  
**Workforce Management Form**

**Employment Type**

MCG

PPG

**Type of Request**

New

Replacement

Vacant

**Posting Instructions**

Post Internally

Post Externally

Post Internally and Externally

Faculty

Staff

Position Title:

\_\_\_\_\_

School/Unit/Division:

\_\_\_\_\_

Department/Pos No:

\_\_\_\_\_

Position Description:

Reason for Position:

Signature of Department Chair/Administrator:

\_\_\_\_\_

*Do not write below this line*

Comments:

Approved

Not Approved

Signature of Dean/Director of Operations:

\_\_\_\_\_

Date:

\_\_\_\_\_