

## Position Request Form

Faculty Date:	
(Complete for all Positions and attach to the Position Justification Form.)	
POSITION INFORMATION	
Date Needed: Submitted by:	
	nt/Program/Area: Department #) eports To:
	sence Approver)
New Position Replacement Position Who replacing:	Reclassification
Full Time   Part Time   for   9 mo.   10 mo.	11 mo. 12 mo. Emergency / Temporary
Director Level	
Exempt Non-Exempt	
Faculty:     If approved, is there a national meeting where recruitment will take place?     Y     or     N       If YES, what is the approximate date of the meeting?	
Tenure Track     Non-Tenure Track     If non-tenure, select term of request:     1 yr.     Permanent line	
BUDGET INFORMATION	
Budget year for request:	
Salary available in budget: \$     Salary range (w/o fringes): \$	
Additional funds: are requested from the University College/Division will provide funds Provost will provide funds	
Amount requested: \$	
If additional funds will be provided by the College/Division, identify the funding source (must be permanent).	
Source Amount S	Source Amount
Special considerations (furniture or equipment needs, computer, startup funds, etc.):	
Amount and funding source:	
Submitted by:	Position Review Committee
Title:	Human Resources:
Budget Manager:	Provost:
Dean, Director, Manager, Associate Provost	Vice Pres. of Finance:
Division: Provost, Vice President	Approved w/ funding Approved w/o funding
	Not Approved