

Name/Extension: _____

Department: _____

PART 1: POSITION INFORMATION

Position Title: _____

Number of Positions Requested _____

PART 2: BUDGET INFORMATION
☐ Approved in current budget
 ☐ Not in budget

☐ Externally funded (attach documentation)

GL Acct #

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Total Annual Cost:

_____	x	_____	x	_____	=	_____
Wage		Yearly Hrs		Benefit %		In Year Cost

Total Yearly Costs _____ (if more than one position was requested)

PART 3: REQUESTS MUST INCLUDE THE FOLLOWING INFORMATION:
1. Position Description and Responsibilities

Please include the position title and the major areas of responsibility. Identify if this request is to fill a permanent or temporary (contract) position.
 (Attach updated position description)

PART 4: SIGNATURE & APPROVAL

Department Budget Holder:

 Name

 Signature