

REQUEST FOR FACULTY/UNCLASSIFIED POSITION

<i>College</i> _____	<i>Department</i> _____
<i>Title of position (include rank and discipline)</i> _____	
<i>Anticipated date of appointment</i> _____	<i>Number of months (9, 10.5, or 12)</i> _____
<i>Anticipated salary</i> _____	<i>Budgeted Base Salary</i> _____ <i>Budget #</i> _____
<i>Budget # for source of funding salary difference (if needed)</i> _____	
<i>Position #</i> _____	

The position is (please check one in each category as appropriate)

Replacement?

Yes No *If replacement is checked, indicate person being replaced (also record one-year replacements if applicable)*

Non-tenure track *Tenure track* *Faculty rank of* _____

AND/OR

Multi- year *# of years* *with faculty rank* *without faculty rank*

OR

Administrative *with faculty rank* *without faculty rank*

Department Chair signature _____ *Date* _____

Academic Dean signature _____ *Date* _____

Justification for the need to fill the position at this time. Please provide specific data; attach separate sheet if needed.

Budget Office use only (verify position number and available funding)

Budget position number _____ *Current budgeted funding* _____

Budget office signature _____ *Date* _____

Budget office comments:

Chief Academic Officer use only

Approved *Not approved*

Chief Academic Officer signature _____ *Date* _____