DRURY UNIVERSITY -- REQUISITION FOR NEW OR REPLACEMENT FACULTY AND STAFF POSITIONS
(For use in ALL hiring situations.)

Section 1 – Department and Position Information  (To be completed by hiring department and submitted to Budget Administrator.)

Position Title: _______________________________ DEPT: _______________________________

____ 9 month                           _____ Replacement Position (Person being replaced / termination date):

____ 10 month                                      (___________________________________   / ______________________________)

____ 12 month                                       Budgeted annual salary expense of person exiting:  ___________________________

____ New Position

____ Temporary Position

Status: ___ Regular Full-time     ___ Regular Part-time     ___ Temp Full-time     ___ Temp Part-time

If Part-time – # of hrs/wk: ____________ If Temp, how long needed (not to exceed 1 year): _______________

Proposed pay rate: _______________________

G/L account to be charged: _______________________

Proposed start date: ______________________ (if less than three months after vacancy was created, please explain.  Attach additional sheet if necessary):

Supporting documentation:  Attach: 1) A copy of the job description, 2) an explanation why this position is necessary, and 3) an explanation of all options (internal and external) considered as opposed to hiring this position.

Position Requested By:

__________________________________________ Date: _________________________

Section 2 – Budget Administrator and Leadership Team Member Approval
(To be submitted to Chief Financial Officer after approvals of Budget Administrator and Management Team member have been obtained.)

Approved: _________________________________        ____________________________________

Budget Administrator / Date       Vice President or Executive Director / Date

Section 3 – Verification of Budget Information   (To be completed by the Chief Financial Officer and submitted to Human Resources.)

Adequate funding for salary and benefits was approved in the current fiscal year budget, or adequate funds have been moved to the appropriate accounts to cover the salary and benefits for this position.

Salary Amount: _____________________

G/L account to be charged: _______________________

Burden Amount: _______________________

Verified By: _________________________________        Date: ____________________________

Chief Financial Officer

Section 4 – Human Resources/Administration Approval   (After signature, submit form to President for approval.)

Job Description Approved: ___ Yes ___ No

Approved Pay Rate: _______________________

Approved: _________________________________ Date: ____________________________

Dir of Human Resources       VP of Administration

Section 5 – Approval of President   (After signature, return form to Human Resources.)

Approved: _________________________________ Date: ____________________________