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: ____________________________  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: ____________________________  VP of Administration

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

Approved: ____________________________  Date: ____________________________

Effective 7-10-13
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