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**: _____

Effective 7-10-13

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

_____ _____ _____
Budget Administrator / Date Dean (if applicable) Vice Pres. or Exec. 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**: _____ _____ Date: _____
Dir of Human Resources VP of Administration

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

Approved: _____ **Date:** _____