

**DRURY UNIVERSITY**  
**REQUISITION FOR FACULTY AND STAFF STIPENDS, INCREASES, OR UPGRADED POSITIONS**

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

**Current Position Title:** \_\_\_\_\_ **Dept:** \_\_\_\_\_

**Incumbent:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Current salary or pay rate:** \_\_\_\_\_  
BUDGET DEPT (if different) \_\_\_\_\_

**Current appointment length:** \_\_\_\_\_ 9 mo \_\_\_\_\_ 10 mo \_\_\_\_\_ 12 mo

**If Upgrading, Proposed Position Title or Appointment Change (if any):** \_\_\_\_\_

CHECK ONE:

\_\_\_\_ Proposed stipend \$ \_\_\_\_\_ **Frequency of stipend, if more than one time** \_\_\_\_\_

\_\_\_\_ **Proposed pay rate:** \$ \_\_\_\_\_ **G/L account to be charged:** \_\_\_\_\_

**Proposed effective date of pay increase:** \_\_\_\_\_ **Description for check stub:** \_\_\_\_\_

**Supporting documentation:**

For proposed stipends, attach an **explanation** why the stipend is being requested  
 For proposed wage increases, attach an **explanation** of why the wage increase is necessary  
 For position upgrades, attach a draft of the revised job description, with an explanation of why the increase is necessary

**Requested By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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. Dir./ 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:** \_\_\_\_\_