

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: _____ **Current salary or pay rate:** _____
BUDGET DEPT (if different) Human Resources

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:** _____
Chief Human Resources Officer Executive V.P. / Provost

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

Approved: _____ **Date:** _____