

**DRURY UNIVERSITY -- REQUISITION FOR ALL NEW AND REPLACEMENT FACULTY AND STAFF POSITIONS**

**Section 1 – Department and Position Information (to be completed by requesting party)**

**Position Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

\_\_\_\_\_ **Replacement Position**

\_\_\_\_\_ **New Position**

Exiting Employee Name: \_\_\_\_\_

Exiting Employee Termination Date: \_\_\_\_\_

Exiting Employee Salary: \_\_\_\_\_

\_\_\_\_\_ **Temporary Position**

**Status:** \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary

Hours Per Week: \_\_\_\_\_ Temp. Full-time \_\_\_\_\_ Temp. Part-time

Expected Duration of Temp. Assignment (< 1 year): \_\_\_\_\_

**Worker Category:** \_\_\_\_\_ Staff \_\_\_\_\_ Faculty \_\_\_\_\_ Adjunct (Day) \_\_\_\_\_ Adjunct (Drury GO)

**Appointment Length:** \_\_\_\_\_ 9 months \_\_\_\_\_ 10 months \_\_\_\_\_ 12 months

**FLSA Status:** \_\_\_\_\_ Exempt \_\_\_\_\_ Non-Exempt

**Proposed Pay Rate / Salary:** \_\_\_\_\_ **G/L Account to be Charged:** \_\_\_\_\_

**Earliest Proposed Start Date:** \_\_\_\_\_

**Supporting documentation required:** 1) A copy of the **job description**, 2) an **explanation** of why this position is necessary, and 3) a current **org chart** of your department with this position marked.

**Requesting Party Printed Name:** \_\_\_\_\_ **Requesting Party Signature:** \_\_\_\_\_

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

After Section 1 is completed, signed form and supporting documents should be submitted to Budget Administrator and VP.

**Section 2 – Budget Administrator and Vice President Approval**

**Budgeted Annual Salary Expense of Exiting Employee:** \_\_\_\_\_

**Budget Administrator Printed Name:** \_\_\_\_\_ **Budget Administrator Signature:** \_\_\_\_\_

**Vice President Printed Name:** \_\_\_\_\_ **Vice President Signature:** \_\_\_\_\_

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

After Section 2 is completed, signed form and supporting documents should be submitted to Controller / CFO's office.

**Section 3 – Verification of Budget Information**

Please confirm that 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.

**Exiting Employee's Current Salary:** \_\_\_\_\_ **G/L account to be Charged:** \_\_\_\_\_

**Burden Amount:** \_\_\_\_\_ **Total Salary Plus Burden:** \_\_\_\_\_

**Controller or CFO:** \_\_\_\_\_ **Date:** \_\_\_\_\_

After Section 3 is completed, signed form and supporting documents should be submitted to Director of HR.

**Section 4 – Human Resources Approval**

**Job Description Approved:** \_\_\_\_\_ Yes \_\_\_\_\_ No **Approved Pay Rate / Salary:** \_\_\_\_\_

**Director of HR:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**President's Approval Date:** \_\_\_\_\_