

**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 months                      \_\_\_ 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 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:** \_\_\_\_\_  
   Chief Human Resources Officer

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

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