

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: _____ **Effective** **Date:** **7-10-13**

Section 2 – Budget Administrator and Leadership Team Member Approval

(To be submitted to Chief Financial Officer after approvals of Budget Administrator and Management Team member have been obtained.)

Approved: _____
 Budget Administrator / Date Vice President or Executive 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:** _____

Effective 7-10-13