

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

_____ Stipend _____ Increase _____ Upgraded Position

Brief Reason for Request: _____

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

Current Position Title: _____ **Department:** _____

Current Appointment Length: _____ 9 months _____ 10 months _____ 12 months _____ Other _____

Incumbent's Name: _____

If Applicable, Proposed New Title: _____

Worker Category: _____ Staff _____ Faculty _____ Adjunct (Day) _____ Adjunct (Drury GO)

FLSA Status: _____ Exempt _____ Non-Exempt

If Applicable, Proposed Pay Rate / Salary / Stipend: _____ **Frequency of Stipend:** _____

GL Account to be Charged: _____ **Effective Date Requested:** _____

Supporting documentation required: 1) Justification for the stipend or increase, 2) a revised job description, if applicable, and 3) if applicable, 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.

Employee's Current Salary: _____ **Burden Amount:** _____ **Salary Plus Burden:** _____

For Increases, New Salary Plus Burden: _____ **GL to be Charged:** _____

Notes on Salary History, if Applicable: _____

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:** _____