Position Authorization Form

Request To Fill - Faculty

I. VACANCY INFORMATION

◯ NEW POSITION ◯ CONTINUING TEMP ◯ REPLACEMENT

REPLACEMENT FOR: _____

Reason for Replacement: ☐ Resignation ☐ Retirement ☐ Sabbatical Leave ☐ Sick Leave

Division: _____

Department: _____

Courses to be taught: _____

Are these courses listed in the master schedule? ☐ Yes ☐ No

Reason for Position: _____

_____

Semester: Academic Year: _____ ◯ FALL ◯ SPRING ◯ SUMMER I ◯ SUMMER II

Position Type: ◯ TEMPORARY ◯ TENURE TRACK ◯ Full-Time ◯ Part-Time _____(LOAD)

_____

DEPARTMENT CHAIRPERSON SIGNATURE DATE

_____

DEAN OR VP SIGNATURE DATE

(FORWARD TO PROVOST FOR REVIEW)

II. PROVOST OFFICE ACTION

APPROVED NOT APPROVED

Rank & Step: _____

Special Conditions: _____

_____

PROVOST SIGNATURE DATE

(FORWARD TO BUDGET OFFICE FOR REVIEW)

III. BUDGET OFFICE ACTION

FUNDING AVAILABLE FUNDING MAY REQUIRE BUDGET REALLOCATION

POSITION NO:	FUNDING SOURCE:	%	FUNDING SOURCE:	%

Comments: _____

_____

BUDGET OFFICER SIGNATURE DATE

(FORWARD TO PROVOST)

IV. PROVOST OFFICE ACTION

CC: ☐ DEAN / VP ☐ BUDGET OFFICE ☐ HUMAN RESOURCES ☐ SOCIAL EQUITY

Revised 4.26