



POSITION AUTHORIZATION FORM

REQUEST TO FILL — FACULTY

I. VACANCY INFORMATION

<input type="checkbox"/> NEW POSITION	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> CONTINUING TEMP	FOR: _____	<input type="checkbox"/> RETIREMENT
		<input type="checkbox"/> SABBATICAL LEAVE
		<input type="checkbox"/> 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 CHAIR SIGNATURE _____ DATE _____

DEAN OR VP SIGNATURE _____ DATE _____
(FORWARD TO PROVOST FOR REVIEW)

II. PROVOST OFFICE ACTION

APPROVED NOT APPROVED

RANK AND 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:	%	COMMENTS:

BUDGET OFFICER SIGNATURE _____ DATE _____
(FORWARD TO PROVOST)

IV. PROVOST OFFICE ACTION

CC: DEAN / VP BUDGET OFFICE HUMAN RESOURCES SOCIAL EQUITY