



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'S SIGNATURE _____ DATE _____

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

II. PROVOST OFFICE ACTION

APPROVED

NOT APPROVED

Rank & Step: _____

Special Conditions: _____

PROVOST'S 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'S SIGNATURE _____ DATE _____
(FORWARD TO PROVOST)

IV. PROVOST OFFICE ACTION

CC: DEAN / VP BUDGET OFFICE HUMAN RESOURCES SOCIAL EQUITY