

NEW POSITION FUNDING REQUEST FORM

Vice Presidential Area: _____

Department: _____

Account Number: _____

Proposed Title: _____

Type of Position: Faculty _____ A&P _____ Support Staff _____

Anticipated Salary: \$ _____ (Annual amount)

Fringe Benefit Cost: \$ _____ (Rate used _____)
(Please call Budget Office at X-3637 for the rate).

Operating Dollars: \$ _____ (Attach detail as appropriate)

Subtotal Operating \$ _____ (Annual amount)

Capital Outlay Costs: \$ _____ (One-time costs)
(Equipment, computer, office modifications, special labs, etc. - attach list)

Total Cost to Support Position \$ _____

Where will this position be located?

Building Name _____

Office Number _____

Source of Funds:

Budget Addition: _____

Reallocation: _____

Contract, Grant, Other Sources: _____

Continuing commitment after grant expiration? (Yes) _____ (No) _____

Source (if yes) _____

Identified Savings: _____

Net Budget Impact: _____

(Print or sign clearly)	Date
Prepared by: _____	_____
Submitted by: _____	_____
Budget Office: _____	_____
Approved by: _____	_____