BOARD OF GOVERNORS FOR HIGHER EDUCATION
REQUEST TO FILL POSITION

Institution: _____ Appropriation Account #: _____

Department: _____ Position #: _____

Position Title: _____ Classification: _____

Source of Funding: ☐ Unrestricted ☐ Third Party ☐ Auxiliary

Is this position permanent? ☐ Yes ☐ No If it is not permanent, what is the position limitation date? _____

The position must be <u>critical</u> to fulfilling our obligations to the academic programs or to the maintenance, health, safety, and asset protection programs of our institution.

PLEASE OUTLINE HOW AND WHY THIS POSITION FULFILLS A CRITICAL NEED: (Attach additional sheets if necessary.)

OR

The position must be fully supported by a third-party payer in order for this requisition to be approved.

DEMONSTRATION OF FUNDING: (Include any tradeoffs of positions)

Upon completion of this requisition, it will be forwarded to the Office of Higher Education with all associated documentation and appropriate signatures.

I am authorizing the filling of the position identified above. I am certifying that this position and its funding sources exist within the enacted budget or that the third party source of funds will provide reimbursement in full for the new incumbent and all associated costs of employment.

_____ _____
Provost/Vice President Date

_____ _____
President Date

_____ _____
Commissioner (or his designee) Date