

Position Approval Request - School of Medicine

(Recruitment/Classification Actions)

Home Department Number:

Position Title (current):

Job Code (current):

Position Number:

**Classification Action - proposed title & job code:
incumbent's name:**

your 6 digit home dept #

*all 8 digits (including zeroes)
new positions/reclassifications
reclassifications only*

I agree that this action is essential for business needs and have confirmed that funds are available to fully support the position for at least _____ year(s) *Years of funding* from :

Grant/Contract/Other Restricted funds _____ %

APS commitment to **(list name):** _____ % *List name of APS recipient*

Core facility funds _____ %

Dean's Allocation (assumes current budget for all years) _____ %

Clinical Budget (305, 303, 309, 201 center #s) _____ %

Other Institutional Funds - **circle one:** 304 ctr #/ gift fund/
endowment fund/ research reward/ residual pharma/ other 0.00 %

Circle type of inst funds

If funding includes support from other operating units, I have documented authorization for those center numbers from the appropriate business officer. _____ Yes/No/Not applicable

If the position is clinical in nature, I have documented approval from the appropriate patient care leadership/committee for this action (includes 305, 303, 309, 201 center #s). **Approval was given from**

_____ **on (date):** _____

(name of leader or committee)

Signature, Chief Business Officer for Department

Date

Printed/Typed Name, Chief Business Officer

Department/Center/Institute Name

Comments/Justifications: