

REQUEST FOR STAFF FORM

Date: _____ Program: _____ Telephone: _____

Request for (check one): Additional Staff _____ Replacement Staff _____ Temporary Staff _____

Job Title: _____ Pay Grade: _____

Salary/Wage: \$ _____ per (circle one) hr. yr. Funding Source (contract #): _____

Position will be:

(check one) Full Time _____ Hours: _____ (circle one) Overtime Requirements: None Occasional Frequent

Part Time _____ Hours: _____ Days: _____

Temporary _____ Duration of Assignment: _____ (please indicate a specific date)

For a non-budgeted position, please give reasons:

NAME OF REQUESTOR TITLE DATE

The above request is covered by an approved budget or expenditures.

DIRECTOR OF FINANCE DATE

(For New Position Only)
_____ **Approved** COMMENTS: _____
_____ **Denied** _____

ADMINISTRATIVE APPROVAL Date