

# Academic Position Request



**This form must be approved prior to a search.**

An approved Academic Position Request Form must be submitted to the Office of the Provost for every faculty search. An approved faculty position is in effect for 24 months from date of final approval.

Campus: \_\_\_\_\_

College/Division: \_\_\_\_\_

Department: \_\_\_\_\_

Position Contact

\_\_\_\_\_ Print Contact Name/Tel. Number

## Required Information

Does this hire result in FTE baseline being exceeded? If yes, also submit the [Request for FTE Baseline Increase Form](#).

Yes

No

Type of Action:

Type of Position:

FTE

New Position

Replacement for: \_\_\_\_\_ Name \_\_\_\_\_ Date of Separation

Tenure/Tenure-Track

Professional-Track

Other

Status:

\_\_\_\_\_ Faculty Rank/Position Title

RGP

Full-Time

Time-Limited

Part-Time

Faculty Rank / Position Title \_\_\_\_\_ FTE: \_\_\_\_\_ (up to 100%)

Search to begin \_\_\_\_\_ (month/year)

Proposed Hire Date \_\_\_\_\_

Proposed Salary Range \_\_\_\_\_

Source of Funding \_\_\_\_\_ Department \_\_\_\_\_ Fund \_\_\_\_\_ Object Code

## Justification

Please provide a justification for this position. The justification must address the funding source (e.g., recurring funds, new revenue, provost commitment) and programmatic need for the position.

## Approvals

\_\_\_\_\_  
Department Head Name (Print)

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Asst. VP or Director Name

\_\_\_\_\_  
Dean/Asst. VP or Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President/Provost/Chancellor Name (Print)

\_\_\_\_\_  
Vice President/Provost/Chancellor Signature

\_\_\_\_\_  
Date