

Budget Authorization Form

REQUESTED ACTION:

- Hire/Reappoint
- Hire Above Minimum Advertised Amount
- Reclassification
- PFP

Blanket Authorization:

New Blanket: Yes No

Individual Authorization:

New Position: Yes No (If No, provide Name Below)

Reappointment/Replacement for:

Department # Fund #

(Name)

Estimated Dollar Amount (Salary & Fringe) and Type of Position:

	A Funds	D Funds	E Funds	Grant Funds	Other Funds
FTE position					
RGP position					
Adjuncts					
Summer COM					
Temp students					

Justification/Impact if not filled (Address Link to Strategic Plan):

Required Approvals (Signatures must be obtained in order listed below)

Dept Head: _____ Date: _____

Unit Vice Chancellor: _____ Date: _____

Budget Director: _____ Date: _____

Chancellor: _____ Date: _____