

# 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?  Yes  No

If yes, also submit the [Request for FTE Baseline Increase Form](#).

Type of Position	Type of Action	Status
<input type="checkbox"/> FTE <input type="checkbox"/> Tenure/Tenure-Track <input type="checkbox"/> Professional-Track	<input type="checkbox"/> New Position <input type="checkbox"/> Replacement for: Name: _____ Separation: _____ Rank/Title: _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<input type="checkbox"/> Other <input type="checkbox"/> RGP <input type="checkbox"/> Time-Limited		

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

**Search to begin:** \_\_\_\_\_ **Proposed Hire Date:** \_\_\_\_\_  
*(month/year)*

**Proposed Salary Range:** \_\_\_\_\_ **Estimated Start-Up:** \_\_\_\_\_

**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*