

PERMISSION TO SEARCH – Requesting department must complete all data items and route through all approvals before forwarding to the Human Resources Consultant

College & Department/Unit: _____

Department Contact Name: _____

Department Contact Email: _____ Department Contact Phone: _____

Employment Type: Faculty Staff

Title: _____

Rank (Academic): _____ Grade (Grad Assist./Tech. Service): _____ Level (Staff): _____

Position Information: Create New Position Fill Existing Position

Position # _____

Last Incumbent _____

Appointment Type:

_____ Standing (Permanent Funding Required)

_____ Fixed Term Multi Year (3-5 yr) (Permanent Funding Required)

_____ Fixed Term Multi Year (2yr) (Temp Funding Required)

_____ Fixed Term I Begin Date _____ End Date _____

_____ Fixed Term II Begin Date _____ End Date _____

Funding Information:

Anticipated amount of funding required: \$ _____

Home Budget: _____

Please save a copy of this form and email as an attachment to your Human Resources Consultant.

Budget Administrator	_____	Approved	NotApproved	Date _____
Human Resources	_____	Approved	NotApproved	Date _____
Financial Officer	_____	Approved	NotApproved	Date _____
Dean	_____	Approved	NotApproved	Date _____