2006-07 Staffing Request Form

Name of Department or Program:
Budget Manager (or person making request):
Phone Number:

Account Number:

1. New Position
   Title:
   Number of Hours Per Week (i.e. 30):
   Number of Months Per Year (i.e., 10):
   Months (i.e., Sept. thru June)
   Calculated FTE (i.e. Total hours per year divided by 2080):

   Please identify the location/physical space for the requested new person; space is at a premium in almost every department. Also, you need to identify the source of their computer and equipment needs, telephone expenses, supplies, professional development costs, etc.

2. Existing Position (adding hours)
   Title:
   Name of Person Holding the Position:
   A. Current Number of Hours Per Week:
      Number of Months Per Year:
      Current FTE (i.e. Total hours per year divided by 2080):

   B. Requested Number of Hours Per Week:
      Requested Number of Months Per Year (i.e., 10):
      Total Requested Hours Per Year:
      Increase in FTE (i.e. Total Requested hours per year divided by 2080):

3. Comments/Justification:

   Attach additional information if needed.
   Please include a job description for each new FTE requested.