

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 Position:

- Tenure/Tenure-Track
- Professional-Track

Type of Action:

- New Position
- Replacement for: _____

Name

Date of Separation

Faculty Rank/Position Title

Faculty Rank / Position Title _____

Search to begin _____ Proposed Hire Date _____
(month/year)

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 (Print)

Dean/Asst. VP or Director Signature

Date

Vice President/Provost/Chancellor Name (Print)

Vice President/Provost/Chancellor Signature

Date