Date submitted	



Request to Fill a Position

Employment status Choose one:Full-timePart-time	Choose one: Regular	Temporary
Department	Name of requestor	
OneUSG Position #		
Working title		
BCAT Code		
Maximum Salary offer		
Payment account type: (check all that apply)		
State/Tuition Dept. Sales/Service	Restricted Auxiliary	Student Fee Budget
Justification: Please use the space provided below to include justifinformation if a redirection of funds is necessary to design to the space provided below to include justifinformation if a redirection of funds is necessary to design the space provided below to include justifing the space provided below to include justification the space provided below to include j		
This request is submitted with the understandi with the request are available and are not requ		_
Once approved (or not), this form should be returned to:	Name	5 1
		Email
Step 1: Person completing this form should obta	in the following 4 signatures, then sen	d to the OVPSA
1. Name of Department HR	Signature of Department HR	
Name of Department Budget Rep.	Signature of Department Budget Rep.	
3. Name of Department Head/Director		
A	Signature of Department Head/Director	
Name of Admin Team Member	Signature of Admin Team Member	
Step 2: OVPSA Approval	···	
Michelle G. Cook	Date	