	UNIVERSITY OF GEORGIA Student Affairs
Request to Fill a Position	
Employment status	
Choose one:Full-timePart-time	Choose one: Regular Temporary
Department	
OneUSG Position #	
Working title	Reason Position was vacated
BCAT Code	
Maximum Salary offer	
Payment account type: (check all that apply)	
State/Tuition Dept. Sales/Service	Restricted Auxiliary Student Fee Budget
information if a redirection of funds is necessary to of	cation of need to fill/create position and any pertinent budget fer a salary at the maximum salary offer amount.
This request is submitted with the understanding that the position is mission critical and all funds associated with the request are available and are not required to meet any budget reductions or program redirections.	
Once approved (or not), this form should be returned to:	Name Email
Step 1: Person completing this form should obtair	n the following 4 signatures, then send to the OVPSA
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1. Name of Unit HR Rep 2.	Signature of Unit HR Rep
Name of Budget Rep.	Signature of Budget Rep.
3. Name of Unit Director	Signature of Unit Director
4. Name of Admin Team Member/Associate Vice President	Signature of Admin Team Member/Associate Vice President
Step 2: OVPSA Approval	
Michelle G. Cook	Date