

FAYETTEVILLE STATE UNIVERSITY

Authorization to Establish or Review a Position

Date: _____

To Establish a New Position

To Review a Current Position

Employee Name (if applicable): _____

Present Classification/Grade: _____

Requested Classification/Grade: _____

Position Number (applicable for review requests only): _____

Office/Department/Division: _____

1. Vacant position from the same budgeted subhead number/line:

Classification	Budgeted Subhead Number/Line	Budgeted Salary
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2. Another position salaried less than the budgeted amount:

Classification	Budgeted Subhead Number/Line	Budgeted Salary
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3. Other:

Current Salary: _____ (Applicable for review requests only)	Proposed Salary: _____ (Applicable for review and new position requests)
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Signature – Unit Head Date

Signature – Appropriate Vice Chancellor Date

Signature – Provost/Vice Chancellor for Academic Affairs Date

Signature – Chancellor (EPA Position Only) Date

Budget Subhead/Budget Code: _____ **Budgeted Salary Amount:** _____

Signature – Director of Budget Date

Signature – Vice Chancellor for Business and Finance Date

Signature – Chancellor Approval (if applicable) Date

Signature – Title III Approval (if applicable) Date

Signature – Contracts and Grants Approval (if applicable) Date