

For Fiscal Use only: PIN: _____ Wage _____ ADLOC _____ Title Code _____
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POSITION AUTHORIZATION

Position Title _____ Expected Duration of Position _____
 Location: District (if applicable) _____ Percent Time _____
 Cnty, Dept, or Program Unit _____ UIN # of Previous Occupant _____

SOURCE OF FUNDS:

Percent (from each account)	Account Number	Amount Currently Budgeted (for existing positions only)		Proposed Percent (from each account)	Proposed Account Number	Amount Proposed (for new or existing positions)	
		Hourly (Biweekly positions)	Annual			Hourly Range* (Biweekly positions)	Annual*
	TOTAL:				TOTAL:		

* BASED ON QUALIFICATIONS OF APPLICANT

COUNTY FUNDING: For positions with county funding, has county funding in the amount proposed above been verified in the County Court budget? Yes No (Attach most Current CB5)

JUSTIFICATION:

REQUESTED BY:

_____ (County Extension Director, if applicable) _____ (Date)

_____ (Program Leader / Associate Department Head / District Extension Administrator) _____ (Date)

RECOMMENDATION:

Approve Disapprove

_____ (Associate Director for Administration) _____ (Date)