

Penn State Extension - Request to Fill a County-Based Educator or Program Assistant Position

Director's Office Contact: Diane Maggs dqm6@psu.edu

HR Contact: Jenny Price jlm876@psu.edu

Position Title: Working Title: Level(s): 1 2 3 4 5 (select up to 3) # of Positions:	Appointment Information: <input type="checkbox"/> Standing <input type="checkbox"/> Fixed-Term If fixed-term, possibility of re-funding: <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> HR88 - %FTE _____ If HR88: # of Hours/Week: _____ Days/Week: _____
Counties Served:	Administrative Unit:
Base of Operation (location & address):	
Type of Request: <input type="checkbox"/> New Position <input type="checkbox"/> Replacement Position – Formerly Held by: _____	
Position # (to be completed by Admin Services):	Source of Funding:
Funding Available for Salary & Benefits:	Current Fringe Rate: % + 1%UC (of base salary) <small>Fringe information can be found at: https://www.research.psu.edu/sites/default/files/2016-08-18%20Rate%20Sheet.pdf</small>
Budget Information (to be completed by Director's Office): Home Budget: _____ Fund: _____ Extension Project: _____ Budget: _____ Fund: _____ Extension Project: _____ Amount: _____ Budget: _____ Fund: _____ Extension Project: _____ Amount: _____ Budget: _____ Fund: _____ Extension Project: _____ Amount: _____ Advertising Costs: Budget: _____ Fund: _____ Extension Project: _____	
Background Check Information: <input type="checkbox"/> Authorized Adult per AD39 <input type="checkbox"/> MVR Check <input type="checkbox"/> Credit Check <input type="checkbox"/> License Verification	
Educator/Program Assistant Start-Up Costs sheet attached? Yes No <p style="text-align: center;">**Signature Approvals**</p> Assistant Director of Programs : _____ Date: _____ Please print name:	
Associate Director of Programs: _____ Date: _____ Jeffrey Hyde	
CAS Administrative Services: _____ Date: _____ Denise Miller	

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