

# College of Agricultural Sciences Request to Fill Position (U Park Positions)

\*Please obtain all signatures before submitting to Administrative Services for final approval\*

HR Contacts: HR Consultants

For all University Park positions, please complete this form found at <http://agsci.psu.edu/hr/employment-information>

For County Extension positions, please complete the Request to Fill County Positions found at <http://agsci.psu.edu/hr/employment-information>.

Unit Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Working Title: \_\_\_\_\_ Number of positions: \_\_\_\_\_

Type of Request:  New Position OR  Replacement Position - Position formerly held by: \_\_\_\_\_

Source of Funding: \*Please note if there is a limited source of funding available - \$ \_\_\_\_\_

Home Budget \_\_\_\_\_ Fund \_\_\_\_\_ % \_\_\_\_\_ Fund Name \_\_\_\_\_ Project # \_\_\_\_\_ Sub Object # \_\_\_\_\_

\*Clearing Budget \_\_\_\_\_ Fund \_\_\_\_\_ % \_\_\_\_\_ Fund Name \_\_\_\_\_ Project # \_\_\_\_\_ Sub Object # \_\_\_\_\_

\*Clearing Budget \_\_\_\_\_ Fund \_\_\_\_\_ % \_\_\_\_\_ Fund Name \_\_\_\_\_ Project # \_\_\_\_\_ Sub Object # \_\_\_\_\_

\*Clearing Budget \_\_\_\_\_ Fund \_\_\_\_\_ % \_\_\_\_\_ Fund Name \_\_\_\_\_ Project # \_\_\_\_\_ Sub Object # \_\_\_\_\_

Position Class:  Staff  Faculty  Tech Service  Postdoctoral

Appointment Type:  Standing  FT 1  FT 2  Reduced Schedule

➤ If FT1, the possibility of re-funding:  Good  Excellent

➤ If Reduced Schedule appointment: please note positions can range from 75% to 99% (FTE) annually (July through June), if they carry the expectancy of regular recurrence.

• Number of Hours Per Week \_\_\_\_\_ Days of the week \_\_\_\_\_

Background Checks:  Authorized Adult per Policy AD39  MVR Check  Credit Check  License Verification

## \*\*Signature Approvals\*\*

Supervisor: \_\_\_\_\_  
Please print name \_\_\_\_\_ Date \_\_\_\_\_

Unit Leader: \_\_\_\_\_  
Please print name \_\_\_\_\_ Date \_\_\_\_\_

\*If clearing budget is outside of home budget, must obtain clearing budget Unit Leader signature.

Unit Leader: \_\_\_\_\_  
Please print name \_\_\_\_\_ Date \_\_\_\_\_

Dean's Office: \_\_\_\_\_  
Date \_\_\_\_\_

Office of Administrative Services: \_\_\_\_\_  
Date \_\_\_\_\_

Position #: \_\_\_\_\_