

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

\*Obtain all Department signatures before submitting to Administrative Services for approval\*

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

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

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

Employee Type:  Staff  Faculty 36W  Faculty 48W  Tech Service  Postdoctoral

Position Type:  Standing  FT 1  FT Multi  Part-Time Temporary  Reduced Schedule

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

➤ If Reduced Schedule, positions range from 75% to 99% (FTE) annually (July through June), if 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

Recommended Salary Range: \$ \_\_\_\_\_ Maximum Hiring Amount: \$ \_\_\_\_\_

Home Budget \_\_\_\_\_ Fund \_\_\_\_\_

Pay Budget: 404-98 Fund: 1002 Fund Name: College Clearing Account

Department Budget Distribution \_\_\_\_\_ Fund \_\_\_\_\_ % \_\_\_\_\_ Project # \_\_\_\_\_ Sub Object # \_\_\_\_\_

Department Budget Distribution \_\_\_\_\_ Fund \_\_\_\_\_ % \_\_\_\_\_ Project # \_\_\_\_\_ Sub Object # \_\_\_\_\_

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

### Supervisor

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Unit Leader

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

### 2<sup>nd</sup> Unit Leader

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

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

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