

The University of Oklahoma
Norman Campus
Request for an Academic Position Hire

Effective date: \_\_\_\_\_

1. a) \_\_\_ Fill a Vacant Position:

Name of previous incumbent Empl ID Job Code Title

Name of Appointee if known Empl ID Job Code Title

b) \_\_\_ Create and Fill a New Position Job Code Title

c) \_\_\_ Change/correct an existing position number information

Name of Appointee if known Empl ID Job Code Title

2. Department \_\_\_\_\_ Dept Code \_\_\_\_\_

Department # / Acct Code \_\_\_\_\_ Position # \_\_\_\_\_

3. Position type, including temporary appointments (complete appropriate blocks):

Table with 3 columns: Budgeted (\*), Benefits Eligible, and Single/Pool. Rows include Full-time/Part-time and 9-months/12-months/FTE options.

4. This transaction will require an increase in funding for: Current Fiscal Year \_\_\_ Yes \_\_\_ No

Next Fiscal Year \_\_\_ Yes \_\_\_ No

5. Anticipated annual cost (If salary exceeds previously budgeted amount, president's approval required.):

Incumbent final salary: Salary \$ \_\_\_\_\_ + fringe benefits \_\_\_\_\_ = Total compensation \$ \_\_\_\_\_
Current position budget: Salary \$ \_\_\_\_\_ + fringe benefits \_\_\_\_\_ = Total compensation \$ \_\_\_\_\_
Anticipated salary: Salary \$ \_\_\_\_\_ + fringe benefits \_\_\_\_\_ = Total compensation \$ \_\_\_\_\_

6. Remarks and Justification:

7. Dept Sponsor \_\_\_\_\_ Date \_\_\_\_\_

\* Non-budgeted positions only need the account sponsor signature (i.e. Adjunct,, Lecturer, Research Associate, GAs). Forward to HR.

8. Dean/Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Sr. Vice President/Provost Signature \_\_\_\_\_ Date \_\_\_\_\_

Prepared by \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_