

REQUEST FOR POSITION

This form to be completed for all new or redesigned positions funded by OSUE and/or OARDC

Office Name: _____ Date: _____

Requested by: _____

POSITION TITLE: _____

NEW POSITION? _____

Revision of existing position? (name of previous employee): _____

Full Time _____

Part Time _____ % FTE

Permanent _____

Temporary _____

Start Date: _____ End Date: _____

FUNDING SOURCE(S) PROPOSED for POSITION (Indicate %'s or \$'s if known)

_____ OSUE STATE/FEDERAL

_____ OARDC

_____ Grant Please specify source: _____

_____ Other

\$ _____ Anticipated annual budget needs for position Salary Range: \$ _____ to \$ _____

Where will the position be housed? _____

What would you give up to provide funding for this position? Describe its importance related to other positions/support which Extension and/or OARDC is providing to your unit.

Identify what resources you are willing to provide with this position (e.g., technical support, equipment, etc.)

RATIONALE FOR THE POSITION:

Which priority area(s) for Extension or Research does it encompass? Anticipated impacts:

Please indicate any partnerships that would be created by this position:

ACTION TAKEN:

Forwarded to _____ for review and comment Date: _____

Recommended for approval (County Director, OSUE and/or OARDC) Date: _____

Final Approved (Regional Director, OSUE and/or OARDC) Date: _____

Original sent to HR Office for posting Date: _____

Not Approved (returned to requestor) Date: _____