

**ARMSTRONG ATLANTIC STATE UNIVERSITY**  
**PERSONNEL REQUEST FORM**

This form is used to initiate requests to fill vacant/new positions. The completed form should be sent to Human Resources with a current job description and a draft of an advertisement for the position attached. The form will then be submitted for approval to the Budget Director, the supervisory Vice-President, and the VP for Business and Finance, in that order. After receiving all necessary approvals, the form will be returned to the Human Resources Department at which point the position will be advertised.

**FOR DEPARTMENT USE:**

<b>REQUEST INITIATED BY:</b>	
Name: _____	Department: _____
<b>REQUEST APPROVAL TO:</b>	
<input type="checkbox"/> Fill the position vacated by: _____	
<input type="checkbox"/> Create a new position	
<input type="checkbox"/> Hire Temporary / Seasonal Assistance	
Justification: _____	
_____	
(If more space is needed, please attach additional page)	
<b>POSITION INFORMATION:</b> Position Title: _____	
Position Category: <input type="checkbox"/> Administrative	<input type="checkbox"/> Faculty <input type="checkbox"/> Professional Non-Faculty <input type="checkbox"/> Classified Staff
Type of Employment: <input type="checkbox"/> Regular	<input type="checkbox"/> Temporary - Enter employment begin/end dates: _____
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time ____%FTE or ____Hours/week
<input type="checkbox"/> Grant	Name of Grant _____
Requested Salary Amount: \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year
ADVERTISING: In addition to local postings in papers and the HR web site, notification of local agencies, and listing with the Georgia Dept. of Labor, please publish the advertisement in the following papers/web sites on the dates listed:	
Advertise In: _____	DATES: _____
<b>Approval by Dean/Director:</b> _____	<b>Date:</b> _____

**BUDGET INFORMATION:**

Funds for this position are: <input type="checkbox"/> Available	<input type="checkbox"/> Not Available	Fiscal Year _____
Funding Source: State: <input type="checkbox"/> General	<input type="checkbox"/> Research <input type="checkbox"/> SFI	<input type="checkbox"/> Lottery
<input type="checkbox"/> Technology Fee	<input type="checkbox"/> Project/Grant	<input type="checkbox"/> Other (List) _____
Accounting String: Account _____	Fund _____	Dept. _____ Program _____
Class _____	Project _____	
Payroll Position # _____	Position Title _____	B-Code _____
Budgeted amount: \$ _____		
<b>Budget Director:</b> _____	<b>Date:</b> _____	

**APPROVALS:**

<b>SUPERVISORY VICE PRESIDENT</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Signature _____		Date _____
<b>VICE PRESIDENT – BUSINESS &amp; FINANCE</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Signature _____		Date _____
<b>PRESIDENT (IF REQUIRED)</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Signature _____		Date _____