

Date submitted



The University of Georgia

Human Resources

Request to Fill a Position

Employment status:

Choose one:

Faculty Staff

Choose one:

Regular Temporary

Choose one:

Full time Part time

OR Request to fill multiple positions (information attached)

Department _____ College/School/Division _____

Budget position # _____ Position title _____

Name of requestor _____ Document # _____

Payment account type: (check all that apply)

Resident Instruction Other State (not grant) Restricted Auxiliary

Justification: Please use the space provided below and attach additional pages, if necessary.

This request is submitted with the understanding that the position is mission critical and all funds associated with the request are available and are not required to meet any budget reductions or program redirections.

Once approved (or not), this form should be returned to: _____
Name FAX number

Person completing this form should obtain the following 3 signatures:

1. _____
Name of department head (Type or print) Signature of department head

2. _____
Name of associate dean for academic affairs (Type or print) Signature of associate dean for academic affairs

3. _____
Name of dean or VP (Type or print) Signature of dean or VP

Retain this form in departmental files, if desired.