

## **Request to Advertise Form**

Position Information						
Position #:	Classification Title:			Cla	ss Code:	FTE:
Division:	Dep	ot/College/Sc	chool:			
Dept. #: Position			Туре:			
Position Funding:		☐ Auxiliaries		Local	Funds	
	Contracts & Grants: Project #:			Grant Period:		
Appointment Duration:	☐ 12 months ☐ 10 mont	hs 🗌 9 m	nonths	☐ Other (Specify)	:	
Advertisement Information						
(An updated copy of the job description must be attached with this request.)						
Length of Time to be Advertised: 7 days (Minimum) Other:						
cost to the departmen	nt Platforms: All advertised pos t. For those areas interested in urces for further guidance at (8	advertising t	their vac			
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APPROVALS			FUNDING APPROVAL			
Supervisor Name	Supervisor Position #	Date	Title III(S	Signature)		Date
Dean/Director (Signature)		Date	Director,	Director, Sponsored Research (C&G positions only) (Signature)  Date		ure) Date
President/Provost/VP (Signature)		Date	Director, University Budgets (Signature)			
Maximum Hiring Rate \$  DEPARTMENT CONTACT PERSON(S) (This section must be completed.)						
Position Officer:  Name: Phone Number: Email Address:		1. 2. 3. 4. 5.	oearcn C	Joinnillee Members	1. 2. 3. 4 5.	