## **Position Request Form**

Position Title:	Department/Building:
Assignment:	
Cabinet Member Signature:	Date:
What budget or grant reductions occurred to fund this new position?	
Does the position exist?YesNo	Rationale received and reviewed?YesNo
Cost of position: Salary Bene	fits including payroll taxes/retirement
Is this position replacing another or newly cre	ated request?YesNo
Identified Funding Source:	Date of Cabinet Review:
	Date:
Assistant Superintendent for HR or Executive	Director of HR Signature
FII	NANCE SECTION
Funding Source Confirmed:	Budget Code:
Control ID # for new position:	Control ID # of position ended:
Date adjustments affected in budget:	
Assistant Superintendent for Finance Signatur	re Date
SU	JPERINTENDENT
Superintendent Approval to add position?	Yes No If yes, BOE meeting date
Superintendent Signature	Date

COMPLETED FORM MUST BE RETURNED TO THE FINANCE OFFICE TO ESTABLISH NEW CONTROL ID