

POSITION AUTHORIZATION

D-1156

(Revised 10/97 HR)

For Fiscal Use Only:	
PIN # _____	Wage _____
ADLOC _____	
Title Code _____	

Position Title _____ Expected Duration of Position _____

Location: District (if applicable) _____ Percent Time _____

Cnty., Dept., or Program Unit _____ New Position _____ Yes _____ No _____

Previous Occupant (if applicable) _____ Social Security # of Previous Occupant _____

SOURCE OF FUNDS:							
Percent (From each account)	Account Number	Amount Currently Budgeted (for existing positions only)		Proposed Percent (From each Account)	Proposed Account Number	Amount Proposed (for new or existing positions)	
		Hourly (Biweekly positions)	Annual			Hourly Range* (Biweekly positions)	Annual*
_____	_____	\$ _____	\$ _____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
	TOTAL	\$ _____	\$ _____		TOTAL	\$ _____	\$ _____

***BASED ON QUALIFICATIONS OF APPLICANT**

For a county position: Are county funds included in County Court Budget? ____ Yes ____ No

JUSTIFICATION:

REQUESTED BY:

(Program Leader/Associate Department Head/District Extension Director) (Date)

(Department Head) (Date)

RECOMMENDATION:

Approve _____ Disapprove _____

(Administrative Staff Supervisor) (Date)

(Associate Director for Administration) (Date)

(Director or Designee) (Date)