

**BOARD OF GOVERNORS FOR HIGHER EDUCATION
REQUEST TO FILL POSITION**

Institution: _____ Appropriation Account #: _____
Department: _____ Position #: _____
Position Title: _____ Classification: _____
Source of Funding: Unrestricted Third Party Auxiliary
Is this position permanent? Yes No If it is not permanent, what is the position limitation date? _____

The position must be critical to fulfilling our obligations to the academic programs or to the maintenance, health, safety, and asset protection programs of our institution.

PLEASE OUTLINE HOW AND WHY THIS POSITION FULFILLS A CRITICAL NEED: (Attach additional sheets if necessary)

OR

The position must be fully supported by a third-party payer in order for this requisition to be approved.

DEMONSTRATION OF FUNDING: (Include any tradeoffs of positions)

Upon completion of this requisition, it will be forwarded to the Office of Higher Education with all associated documentation and appropriate signatures.

I am authorizing the filling of the position identified above. I am certifying that this position and its funding sources exist within the enacted budget or that the third party source of funds will provide reimbursement in full for the new incumbent and all associated costs of employment.

Provost/Vice President

Date

The President has reviewed and agrees with the need for this position in the strategic mission of CCRI and has ensured that allotted funds are available.

President

Date

Commissioner (or his designee)

Date