NEW POSITION NUMBER REQUEST FORM

University Human Resource Services
Ball State University

Form to be completed by Requester and forwarded to Human Resources

Position Title: ____________________________________________________________

Position E-Class: __________________________________________________________

Supervisor Position #: _____________________________________________________

F-O-A-P: ____________ ____________ ____________ ____________

Budgeted Amount: ______________________ (for faculty/professional positions)

Requester: ___________________________ Date: ______________

Approval Signature*: ___________________________ Date: ______________

* The approval signature can be either the Administrative Head or the Budget Director to confirm the FOAP provided is correct.

To be completed by UHRS

Position # Assigned: ___________________________ Date: ______________

Sent to Budget Office: ___________________________ Date: ______________