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: ____________