



A. Submitting Department:

Optional

B. Date Prepared:

P. Index Name:

C. Position Title:

Q. Index Code:

D. If Position is part-time, enter percentage: %

Required fields:

E. Budget Profile:

(If you select Grants, send this form to The Dept of Grants and Contracts)

Contact Person:

F. Position Effective Date:

Phone:

 Begin Date: End Date:

E-mail:

G. Position Type:

H. Employee Class:

I. Fiscal Year:

J. Organization Name:

K. Fund Code:

L. Organization Code:

M. Account Code:

N. Program Code:

O. Activity Code:

Financial Planning or Grants Use Only
(Please do not write below this line)

Position Number: _____

Budget Phase: _____

Position Class: _____

Budget Revision Number: _____

Position Class Description: _____

Created by: _____

Budget ID: _____

Date Created: _____