



**FACS Request to Fill Form for Faculty Positions**

**Department Name:** \_\_\_\_\_

**Rank:** \_\_\_\_\_

**Type of Position:**  Tenure/Tenure Track     Clinical     Lecturer/Instructor  
 Research Scientist     Academic Professional     Public Service

**Title of Position:** \_\_\_\_\_  
 (Examples: Asst/Assoc Professor of Sports Nutrition or Part-Time Instructor)

**Type of Appointment:**     Fiscal     Academic

**Allocation of Effort (Must add up to 100%):**    \_\_\_\_\_ Administration    \_\_\_\_\_ Public Service  
    \_\_\_\_\_ Research    \_\_\_\_\_ Teaching

**Salary Range:** \_\_\_\_\_

**Anticipated Start Date (Month and Year):** \_\_\_\_\_

**Office/Lab Location(s):** \_\_\_\_\_

**Justification (*Emphasis of position and rationale*):** (Attach additional pages if needed)

**Relocation/Moving Funds:** \_\_\_\_\_

**Start Up Funds:** (Attach additional pages if needed)

*Department:* \_\_\_\_\_

*College:* \_\_\_\_\_

*Other (OVPR, Provost, etc.):* \_\_\_\_\_

**Breakdown of Start-Up Funds by Fiscal Year**

**Approvals:**

\_\_\_\_\_  
 Department Head Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Dean Signature

\_\_\_\_\_  
 Date

Cc: FACS Chief Business Office  
 FACS Faculty Liaison