Request to Fill Form for Temporary/Staff/Postdoc Positions

Department Name: Department Contact Name:			
Department Contact Name: Department Contact Email:			
Position Information Temporary Worker OR Regular Staff / Part-Time OR Full Time Working Title: BCAT Job Classification: Number of Hours per Week/FTE: Proposed Start Date: Hourly Rate or Salary Range: Chartstring: Fund Source Name: Office/Lab Location:			
		☐ I understand that if funding for any staff position (nor must obtain approval through the UGA Reduction in For (https://policies.uga.edu/pdf/Reduction In Force.pdf) at this policy are positions funded by research or sponsored 12, 2022 UGA Admin memo.	n-temporary) position were to end, I ce process least 90 days in advance. Exception to
		Justification of Need for Position	
Approvals:			
Department Head Signature	Date		
Financial Director Signature	Date		
Dean Signature	Date		