



UNIVERSITY OF NOTRE DAME

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POSITION FUNDING VERIFICATION

Position Information

Title _____

New Position

Re-Classification

Department _____

Replacement

(Name of Incumbent)

FACULTY	STAFF																
Name: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Non-Tenure Track <input type="checkbox"/> Library <input type="checkbox"/> Research <input type="checkbox"/> Special Professional <input type="checkbox"/> Non-Regular <input type="checkbox"/> 1 Semester <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> Other (Explain) _____ Tenure Track <input type="checkbox"/> 3 Years <input type="checkbox"/> Other (Explain) _____	<input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call / Temporary / Event Worker Level (1-20) _____ Hiring Pay Range _____ Schedule _____ (Days of Week & Hours) (Hours/Week) (# of Months) Account # for Advertising <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">F</td> <td style="width: 25%;">O</td> <td style="width: 25%;">A</td> <td style="width: 25%;">P</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> Account # for Drug and Security Screening <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">F</td> <td style="width: 25%;">O</td> <td style="width: 25%;">A</td> <td style="width: 25%;">P</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> Current Position Description Attached (No Modifications) <input type="checkbox"/> Revised/Updated Position Description Attached for Review	F	O	A	P					F	O	A	P				
F	O	A	P														
F	O	A	P														

Department Chair / Director / Hiring Manager _____

Campus Address _____ Campus Phone _____ Email Address _____

Funding Source (Required)

Is this position funded and approved?

Funding Amount: _____

Yes Please forward to **300 Main** for Faculty or **100 Grace** for Staff.

	F	O	A	P	
Internal Acct. #					Budgeted Position (Faculty Only i.e. 243F) _____
Internal Acct. #					Budgeted Position (Faculty Only i.e. 243F) _____
External Acct. #					Duration (Years) _____
External Acct. #					Duration (Years) _____
External Acct. #					Duration (Years) _____
External Acct. #					Duration (Years) _____

No* Please forward with explanation of need for position to **Office of Budget and Planning (Brownson Hall)**.

Funding Approval _____

(Office of Budget & Planning) (Date)

*This is a new, unbudgeted position or a current position without adequate funding

Approvals

<p>_____ (Dept. Chair / Hiring Manager)</p> <p>_____ (Budget Administrator)</p> <p>_____ (Dean / Director)</p>	<p style="text-align: center;">Provost / Human Resources Use Only</p> <p>_____ (Date)</p> <p>_____ (Date)</p> <p>_____ (Date)</p>
PFV #: _____ PFVForm.pdf Rev: 06/30/2004	