

AGENCY HIRING REQUEST FUNDING APPROVAL

Position Role/WorkTitle: _____

Position Number: _____

Division: _____

Estimated Date to Fill (60 days): _____

Position: New Vacancy Vacant effective: _____

Existing Funding for Position (include actual benefit cost and equipment- see chart below): _____

Requested Funding for Position (include benefits cost of 38% and equipment- see chart below): _____

Existing Employee Leave Payout (HR will complete): _____

Total Projected Additional Cost Up To:

Previous Incumbent:		Amount	New Incumbent:		Amount
Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$660.50	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$660.50
Car	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$3,711.50	Car	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$3,711.50
MiFi	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$558.00	MiFi	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$558.00
Laptop	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$2,318.64	Laptop	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$2,318.64
Tablet	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$2,861.16	Tablet	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$2,861.16
Desktop	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$1,923.84	Desktop	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$1,923.84
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Total _____

Total _____

Final Total Estimated Position Cost: _____

Grant Funded: Yes No

Fund:		Program:		Project		Cost:		%	
Fund:		Program:		Project		Cost:		%	
Fund:		Program:		Project		Cost:		%	

Chief Financial Officer Approval: _____