

# Position/Personnel Funding Approval Form



Once the form is completed

Attach the completed form to the following:

1. Requisition in PeopleAdmin, if routing through PeopleAdmin is required
2. PCR, if PCR is required
3. Budget adjustment to fund

Department:			
Position Title:			
Position Number:		Personnel Number:	

List the current budget cost distribution for this position or if requesting a cost distribution change or new position where the position will be funded from going forward.

Percentage	Cost Center	Fund
%		
%		
%		

Refer to the University Pay Plan located on the HR website: <https://www.hr.txstate.edu/compensation/universitypayplan.html>  
 Use this link to find the pay plan minimum and maximum. If no maximum is listed, leave blank.

Pay Plan Minimum:	\$	Pay Plan Maximum:	\$
Current Annual Salary in <u>Position</u> Budget:	\$	Approved Max Annual Salary Amount:	\$
Posting Range:	\$		Negotiable*

\*By checking this box all parties are agreeing that an offer may be made to an applicant up to the approved max salary amount.

**Are additional funds needed? If so, provide funding source and amount (check all that apply):**

If you need additional funding to pay the max salary amount this is where you provide information about the funding source. Check the appropriate box(es) and fill in account information where required. Select whether this funding request will require permanent funds or temporary (one-time) funding.

	VP Group Item:	\$	Type of funding (choose one):	Permanent	Temporary (one time)
	M&O:	\$	Cost Center:	Fund:	
	Other:	\$	Cost Center:	Fund:	

**Justification** (1000 maximum characters, provide any additional information as an attachment if needed):

## APPROVALS

Route to the appropriate supervisor, dean/director/AVP, and then to your divisional vice president.

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Director/AVP: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: \_\_\_\_\_ Date: \_\_\_\_\_