FORM 1: FACULTY POSITION AUTHORIZATION

(Step: 2) (Print on blue paper)

Position Information:
Department: ___________________________________________ Home Org #: _______________________

Contact Person: ________________________________ Ph: ______________________ Email: _____________________

☐ New Position ☐ Replacement Position for: ________________________________

Time Entry Method:
☐ Web Time Entry ☐ Department Time ☐ Manual (Paper)

Timesheet Org #: _______ Timesheet Approver POSN#: _______ Approver Name: ______________________

Budget Access Org #: __________________ Index / Account Code: __________________________/

☐ Position Duration is Dependent Upon External Funding (Soft Funded)

(Choose one from each column)

☐ 12 Month ☐ Faculty ☐ Regular ☐ Full Time
☐ 9/10 Month ☐ Post Doc ☐ Temporary ☐ Part Time
☐ Fixed Term

If part time, ________ hrs/wk

Summary of Duties:
_________________________________________________________________________________

Will the work location be in Michigan? ☐ Yes ☐ No

If "No" where will the work take place? City / State / Country: ______________________ / ______________________ / ______________________

Rank / Title: ____________________________________________

(Please make sure to attach the Job Description to this form)

(Approvals)

Department/Division
Chair: (Print) __________________________ (Sign) __________________________ Date: ______________

Dean: (Print) __________________________ (Sign) __________________________ Date: ______________

Sponsored Programs
Accounting: (Print) __________________________ (Sign) __________________________ Date: ______________

(if applicable)

Provost: (Print) __________________________ (Sign) __________________________ Date: ______________

President: (Print) __________________________ (Sign) __________________________ Date: ______________

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