



POSITION AUTHORIZATION FORM (PAF)

*This form will expire four (4) months from the date of approval by the President (Exceptions will be granted for Faculty requests)

1. REQUEST FOR POSITION:

Department: _____ Campus Location: _____
State Job Title: _____ Working Title: _____
__ 10 Month __ 12 Month __ Full-Time __ Part-Time Salary Range: _____
Position Status: __ Permanent __ Temporary __ Interim __ Acting

2. REASON FOR REQUEST:

__ New __ Vacancy (If vacancy, indicate reason – retirement, resignation, other): _____
Previous Employee's Name: _____ Separation Date: _____
If this is a new position, please provide a justification for your request:

3. FUNDING SOURCE(S):

Cost Center Title: _____ Fund/Cost Center/Object: _____

4. REQUESTOR

Signature *Date*

*Dean's Signature** *Date*
**Required for all Academic Areas*

5. EXECUTIVE VICE CHANCELLOR (WKU ONLY)

Signature of EVC *Date*

6. DIVISION VICE PRESIDENT

__ Recommended __ Not Recommended

Signature *Date*

7. PRESIDENTIAL REVIEW

__ Approved __ Not Approved

Signature *Date*

8. BUDGET OFFICE

Position Number: _____

Signature of Budget Director *Date*

9. OFFICE OF HUMAN RESOURCES USE ONLY

Name: _____
Title: _____
I.D.: _____ Salary: _____
Date of Hire: _____

Recruitment Supervisor's Signature

RECRUITMENT I.D.

FY: _____ #: _____ Source: _____

Location: _____

Category: _____

Status: _____