

Questrom School of Business
POSITION REQUEST FORM

Note: All sections of this form must be completed. Incomplete forms will be returned.

WORK ASSIGNMENT

☐ New Appointment ☐ Reappointment (if rehiring into same position)

Department _____ start date: _____ end date: _____
Employment Duration

Job Title: _____ Hourly Rate (if applicable) _____ Hours Per Week _____

Job Description:

Justification for Employment:

FUNDING

***Fringe Benefit Rates Based on Funding Source:**

	University Funded	Sponsored Program Funding	
		Federal & Federal Pass Through Award	Non Federal Awards
Salaried	31.2%	29.4%	31.2%
Hourly	33.2%	31.4%	33.2%

Budget Worksheet

Please input compensation, fringe, and F&A rate. Everything else will autopopulate.

Hourly Compensation: rate * hours per week * # of weeks

Fringe Rate*: _____ Total Compensation: _____
Must select ONE rate in drop down -
see fringe rate chart

Total Fringe:

F&A Rate**: _____ Total F&A: _____

TOTAL BUDGET: _____

****F&A Rate (only if grant funded):**

Facilities and Administrative costs (F&A) are costs not readily identifiable with individual projects. F&A is designed to partially reimburse the University for the costs of using its facilities and administrative structure in carrying out research. Please use 65% unless otherwise noted in Award agreement.

Funding Source Confirmation

Account/Sponsor Name: _____

Funding Received: ☐ Yes ☐ No

If yes, 10-digit SAP/Account Number: _____

Does account fund 100% of compensation?

☐ Yes

☐ No - Other Account/Sponsor Name: _____

10-digit SAP/Account Number: _____

Start Date: _____ End Date: _____

% funded by this account: _____

POSITION MUST BE APPROVED 90 DAYS PRIOR TO HIRE DATE

NO OFFER CAN BE MADE UNTIL REQUEST IS APPROVED BY DEAN'S OFFICE

AUTHORIZATION

Direct Supervisor's Name (printed) _____ Direct Supervisor's Signature _____ Date _____

Department Authorization Signature _____

(for internal use only)

DEAN'S OFFICE APPROVAL: _____ DATE RECEIVED: _____

DATE APPROVED: _____