

Position/Personnel Funding Approval Form



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>

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):

	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

Supervisor: _____ Date: _____

Dean/Director/AVP: _____ Date: _____

Vice President: _____ Date: _____