|  |
| --- |
| 1. **Requestor Information**
 |
| Requestor Name | Date Submitted |
| Click here to enter text. | Click here to enter a date. |
| Requestor Email | Department/Program Name |
| Click here to enter text. | Click here to enter text. |
| 1. **General Information**
 |
| Request Title | Strategic Plan Objective - Reference # |
| Click here to enter text. | Click here to enter text. |
| Request Description |  |  |
| Click here to enter text. |
| 1. **Personnel Resource Need (For FT Faculty Requests, Refer to Box 2A Process)**
 |
| Position Name/Title | Classification | FTE |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Position Type | Funding Duration | Funding Source | Est. Salary & Benefits |
|   |   |   | Salary (Step 1)BenefitsTotal |
| Justification: |
| Click here to enter text. |

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| 1. **Operating Resource Need (Equipment, Services, Non-Personnel)**
 |
| Resource Type |  |
|  |  |  |
| General Description | Est. Expense |
| Click here to enter text. | Click here to enter text. |
| Justification: |
| Click here to enter text. |
| 1. **Professional Development Resource Need**
 |
| Resource Type |  |
|  |  |  |
| General Description | Est. Expense |
| Click here to enter text. | Click here to enter text. |
| Justification |
| Click here to enter text. |
| 1. **Request Approval**
 |
| Signatures |  |
|  |  |
| Requestor Signature DATE | Department/Program Chair or Manager DATE |
|  |  |
| Department/Program Dean or Vice President DATE | VP, Business & Administrative Services DATE |
| 1. **For Business Services Use Only**
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| Request Approved/Denied | Modifications |
| Click here to enter text. | Click here to enter text. |
| Date Request Approved | Request Extensions |
| Click here to enter text. | Click here to enter text. |
| Funding Source | Date Approved |
| Click here to enter text. | Click here to enter a date. |
| GL # | Approved By |
| Click here to enter text. | Click here to enter text. |