|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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)  Benefits  Total | |
| Justification: | | | | |
| Click here to enter text. | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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** | | | | | |

|  |  |
| --- | --- |
| 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. |