

POSITION APPROVAL FORM

TITLE OF POSITION

POSITION (Describe position in this section)

RANK (Include all possibilities):

SALARY: (range can be specified, if desired)

MINIMUM QUALIFICATIONS: (list all that apply)

PREFERRED QUALIFICATIONS: (if any)

POSITION AVAILABLE: (start date)

TERMS OF APPOINTMENT: (length of appointment)

TO APPLY: (Specify any materials to be submitted)

Send Materials To: (Department's campus address; if electronic submissions are preferred, so state and include an email address)

CLOSING DATE: (or initial review date)

*****FOR CONVENIENCE, YOU MAY SUBSTITUTE THIS FIRST PAGE WITH A
DRAFT FLYER THAT CONTAINS THIS INFORMATION*****

SIGNATURES: (Academic Salary Budgetary Authority)

Department Chair or Principal Investigator **Date**

Dean (Final approval) **Date**

~~~~~  
**NAMES OF SEARCH COMMITTEE MEMBERS** (if known):

**FUNDING JUSTIFICATION:** (Provision #, for senate faculty positions)

**FOAPAL:** Account number to be charged (charges would only be incurred if department requests that APO post announcement on fee-for-use websites, etc):