

**MEDAILLE UNIVERSITY
POSITION APPROVAL FORM**

Title _____

Department _____

Budget # _____

(Please Note: Budget # is Required)

Hire

New Position _____ Replacement _____ Temporary _____

Pay Rate

Hourly \$ _____ Annual \$ _____

Status

Full-Time _____ Part-Time _____

Estimated Hours _____

Per Week _____

In Budget

Yes _____ No _____

Justification for New Position / Replacement or Temporary*

*Length of Time

Signatures

Please Print Name

Supervisor

Supervisor

Date

Department Chair (if applicable)

Department Chair (if applicable)

Date

Vice President

Vice President

Date

Business and Finance

Deborah Strychalski

Controller

Date

Director of Human Resources

Barbara Bilotta

Director of Human Resources

Date

President

Lori V. Quigley, Ph.D.

Interim President

Date

New Hire Information

Employee Name _____

Date of Hire _____

Copies: Human Resources Payroll