



Human Resources

University of South Carolina Aiken

REQUEST FOR POSITION (FORM 12)

THIS FORM IS TO BE USED PRIOR TO COMMITMENT OF ANY FUNDS FOR PERSONNEL SERVICES, I.E. ANY PAYROLL EXPENDITURES. THIS APPLIES TO TEMPORARY HIRES AND PERMANENT HIRES, DUAL EMPLOYMENT, OR EXTRA COMPENSATION.

Revised 10.06.23

<p><u>CHECK ONE:</u></p> <p>New Reappointment Replacement <i>Prior Employee:</i></p> <p>Dual/Extra Compensation</p>	<p><u>CHECK ONE:</u></p> <p>Classified (Attach PD if new) Unclassified (attach 1A) Temporary</p> <p><u>PAY BASIS</u></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">9 Months</td> <td style="width: 33%;">11 Months</td> <td style="width: 33%;"></td> </tr> <tr> <td>10.5 Months</td> <td>12 Months</td> <td></td> </tr> </table>	9 Months	11 Months		10.5 Months	12 Months		<p><u>FOR GRANTS ONLY</u></p> <p>List the Following Information: Lead PI: Award Type: Proposal Number:</p> <p><u>BUDGET OFFICE ONLY</u></p> <p>Salary Expected: Estimated Fringe: Total Amount:</p>
9 Months	11 Months							
10.5 Months	12 Months							

To: Human Resources Office

From:

Date:

Position Title/Description:

Does this position require a Background Check? Yes No

Person to be hired (if known):

Salary Requested, not including Fringe:

Dates of Employment: to

Hours Per Week Working:

Does this require additional Funding: Yes, Amount:

No *Note: If response is "No" the action will be covered by requestor's budget!*

Additional Funding Source:

PeopleSoft Accounting Information

OPERATING UNIT	DEPARTMENT	FUND	CLASS	ACCOUNT	BUSINESS UNIT	PROJECT	ACTIVITY
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Approvals:

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date

Department Head/Chair

Dean (Academic Units Only)

Vice/Assistant Chancellor

Budget Director

Chief Financial Officer

Grant Accountant (if applicable)

Chancellor

Approver Comments: