

**MEDAILLE COLLEGE
POSITION APPROVAL FORM**

Title _____
Department _____
Budget # _____

(Please Note: Budget # is Required)

1. Hire New Position _____ Replacement _____ Temporary _____

2. Pay Rate
Hourly \$ _____ Annual \$ _____

3. Status
Full-Time _____ Part-Time _____
Estimated Hours _____
Per Week _____

4. In Budget
Yes _____ No _____

Justification for New Position

Justification for Replacement

Justification for Temporary

5. Signatures

Supervisor Date

Division Head Date

Director of Human Resources Date

Vice President for Business and Finance Date

President Date

6. New Hire Information

Employee Name _____

Date of Hire _____

c: Payroll