

**POSITION REQUISITION FORM  
FULL TIME POSITIONS ONLY**

**Part 3**

Date:  Request #:   
 Requested by:  Title:   
 Office/Dept.:

**PART 3: MUST BE COMPLETED BY THE BUDGET OFFICE**

<b>Consideration of Request as Critical:</b>	
Request/position approved as critical:	
<input type="checkbox"/> No. Submit to the Vacancy Control Committee for consideration on	<input type="text"/>
Notification sent to Human Resources:	
<input type="checkbox"/> Yes. Approved as Critical by:	<input type="text"/> Date: <input type="text"/>
<b>Vacancy Control Committee:</b>	
Vacancy Control Committee Meeting Date: <input type="text"/>	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/> Other <input type="text"/>
<b>Budget Authorization:</b>	
Fiscal Year: <input type="text"/>	Line Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Funding Source: <input type="text"/>	
Authorized Salary: <input type="text"/>	FY Amt. – Year 1 <input type="text"/> FY Amt. – Year 2 <input type="text"/>
FAS Code: <input type="text"/>	Budget Line #: <input type="text"/> MOP #: <input type="text"/>
Start Date: <input type="text"/>	End Date if Temporary Position: <input type="text"/>
Completed in Budget by: <input type="text"/>	Submitted to HR on: <input type="text"/>
<b>FOR HR Use Only</b>	
DISPOSITION: <input type="text"/>	DISPOSITION SENT: <input type="text"/>
CUNYFIRST POSITION #: <input type="text"/>	VACANCY AUTHORIZATION #: <input type="text"/>