

UNIVERSITY OF RHODE ISLAND
RF-1
REQUEST TO FILL POSITION

Only for positions partially or fully on Fund 100, 102, 103, 104, 106 & SPA110
Dean/Director: email the completed form to budget_RF1@etal.uri.edu

Department: _____ **STATE** Position No.: _____

Position Title: _____ Classified: _____ Non-Classified: _____

Is this position permanent? Yes _____ No _____ Academic Year _____ Calendar Year: _____

Position posting should reflect limitation date of _____

Replacing: _____
(Employee Name)

Reason for vacancy: _____ Resignation/Retirement _____ Transfer _____ Promotion

_____ Leave _____ Other _____
(Reason) (Explanation)

Dean/Director's signature (email from requesting office is acceptable in lieu of signature) authorizes the filling of the position, certifies the position FTE and that funding exists in the existing budget, and indicates that it is the Dean/Director's responsibility to fully fund this position in the next fiscal year(s) regardless of the level of funding required for the position in the current fiscal year.

Dean/Director (Digital Signature)

Financial Strategy & Planning (Digital Signature) _____ Initials

Division Head (N/A for Academic Affairs) (Digital Signature)

Human Resources (Digital Signature)